

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT

### THE NURSE AS A CITIZEN

At this time of national crisis and national need, each nurse should be ready to give herself to her country in the way she can best be of use. Our first duty is to the American Red Cross and when we are asked, as we often are, to identify ourselves with other organizations for relief or defense, our reply should be that the Red Cross is the channel through which we offer all we have to give. Not all nurses are eligible for active nursing service under the Red Cross,—they may be beyond the age limit or they may have had their training in schools which do not come up to the required standard, for them there are open the activities which are offered all interested workers in the classes for making surgical supplies and garments.

Those nurses who are serving on committees having charge of the enrollment of nurses or the teaching of hygiene, first aid or dietetics have an arduous and much needed task, less in the public eye and less crowned with honor than nursing service at the front, but just as necessary and just as glorious, when we think of real values.

The nurses who are caring for the sick in our hospitals and tenements and homes are also doing a needed work which cannot be left undone and are of service to the nation, though not under the Red Cross flag.

Wherever our duty lies, let us be found true women and true nurses, faithful, dependable, working well with others, broad in our sympathies and interests and so doing our part to support our nation's leaders in bringing righteousness and peace once more to this troubled world.

### NIGHT DUTY

One of our contributors to the present issue of the JOURNAL gives a picture of night duty which every nurse will recognize as having been

at some time her experience. If all night duty were as harrowing and as wearing, few student nurses would survive the strain of several periods of it; most of them, however, learn in time to adjust themselves to the unnatural mode of life entailed by turning night into day and day into night.

For the sake of those young pupils in our schools who have not learned how to take night duty easily, we should like to give a few suggestions.

The most successful night nurses we have known, those who are able to hold positions as night supervisors for months or even years, without being worn by it, sleep with their windows wide open and their shades up. They feel that they need the sunshine, all they can get, and they say they soon learn to sleep soundly in a bright room. It is difficult to darken a room without shutting out air as well as light and no one sleeps well in a close room or in one with slight ventilation, be it by day or night. It is possible to put a covering over one's eyes to soften the glare, but we believe this method of sleeping would produce better and sounder sleep and would result in more normal health and spirits.

Then, too, when one comes off night duty and has had her breakfast, she should try to take a walk or a ride before going to bed, and a bath, either at night or morning, should be part of her regular routine.

As to food, she should be careful not to drink coffee in the morning, though it may be a help if taken in moderation at evening or in the night.

The sobering experience of meeting serious emergencies alone is one of the most valued parts of our training. The nurse who can forget herself in her effort to minister to those in dire need, the nurse who can meet an emergency with a clear brain, the nurse who will not falter because her work is hard and trying, is the one who will be of use in the world.

#### A CORRECTION

In the April JOURNAL we misstated the number of states having registration laws. South Dakota brought the number to 45 and if, as we hear, Utah has also secured a law, the total would be 46.

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Subscribers ordering the portrait of Florence Nightingale should include in the remittance 10 cents for postage, total \$3.60.

## A SATISFACTORY NURSES' HOME

By LUCY N. FLETCHER, R.N.

*Boston, Massachusetts*

In 1913, a second house was built for the Massachusetts General nurses and still goes by the name of "The New Home." It was planned to accommodate one hundred nurses and to be "home" for them. To this end, therefore, the exterior was made simple, dignified and plain, and care and thought were taken to make the interior comfortable, attractive and, as far as possible, homelike. To anyone who has lived for any length of time in dormitories, it will be plain that this is not an easy thing to accomplish. Where so many are living together, there is bound to be a wide diversity of tastes, many of which, of course, cannot be gratified; but in the main the necessary things that all will agree upon are these: privacy, a place where one may keep her personal belongings and also be able to care for them, a place for relaxation and a chance to satisfy one's social instincts. These main points were considered in the construction of the New Home and it is my pleasure to point out to you in how large a measure they have been successful.

The house consists of four floors, a basement and a roof. It is situated directly across the street from the hospital's administration building and occupies the whole of a small block. It is connected with the hospital by means of an underground passage, the advantage of which is obvious. The building faces north and is so planned that the lavatories and toilet rooms are on the north side, while bedrooms extend around the east, south and west sides, thus insuring the entrance of sunlight into each bedroom at some time during the course of the day.

In the basement are two good trunk rooms, utility rooms for the storage of barrels, etc., and a classroom, where the nurses have their theoretical work, the essential features of which are good blackboard space and an ample closet. The classroom for the practical work is in the other nurses' home. The diet laboratory in the accompanying picture (Fig. 1) was a later development and occupies a building of its own, but might well be incorporated in a home for nurses. The basement likewise contains three other rooms which have been fitted up for the comfort of the nurses. The first of these, a sewing room, contains all the requisites for sewing; shears of different sizes, a skirt hanger, a cutting table, a long table, a sewing machine, and a figure for fitting dresses. The laundry is in almost constant use. It contains three



FIG. 1. THE DIET LABORATORY



FIG. 2. RECREATION ROOM IN BASEMENT, OUT OF WHICH THE KITCHENETTE OPENS



set tubs, two ironing boards, electric irons, and a drying closet. As there is a rule that shoe blacking may not be used in the rooms, a shoe tree has been provided in the laundry for that purpose. The most popular room of all is the recreation room, a glimpse of which is seen in Fig. 2. The most important part, which does not appear in the picture, is the kitchenette, which has a good gas stove, an ice chest, and sufficient dishes, pots and pans, so that many an attractive Sunday morning breakfast or Sunday night supper has been served in front of that comfortable open fire. Fudge parties, too, there have been, and many more festivities than I have time to enumerate.

On opening the front door, because, although the home is joined to the hospital there is a separate front entrance which gives on the street, one walks into the hall which you see in Fig. 3. The clock is the gift of one class, the pedestal on which the palm stands, of another, and two chairs which do not appear in the picture, of still another. On the left of the front door is a small office which contains a telephone, a bulletin board, and spread out on a table are such packages and mail as come addressed to the house. Mail addressed to the hospital, is put into the nurse's own postoffice box at the front office and is kept there until she calls for it.

Directly in front of the front door and running almost the whole length of the house is the living room. Fig. 5 shows about two-thirds of its length. At either end are a fireplace and book shelves. In the middle of the room is a large center table with a long, deep sofa drawn up against it. By the windows are many small tables, fitted up with ink, pens and blotters. The alcoves on either side of the entrance are cosy little retreats wherein to receive guests. Thus it is possible for several separate groups to entertain at the same time, and it is not necessary for nurses to abandon the room when others have callers. It is no uncommon occurrence to find a group of nurses around the victrola and center table, absolutely oblivious of the various groups who are entertaining in the alcoves or in the other parts of the room. This room is also well suited for an occasional dance or for the alumnae association meetings.

On the first floor there are two suites, bedroom, sitting-room and bath, for the superintendent of nurses and the dietitian. There is also a guest room with adjoining bath. The nurses' rooms are mainly on the second, third and fourth floors, although there are some on the first. The rooms are all single, have good closets and are well heated. Each room is furnished with a bed, a bureau, two chairs, one straight and one rocker, a table, and a combination desk and book-case which is attached to the wall (Fig. 4). Notice the low moulding which is espe-

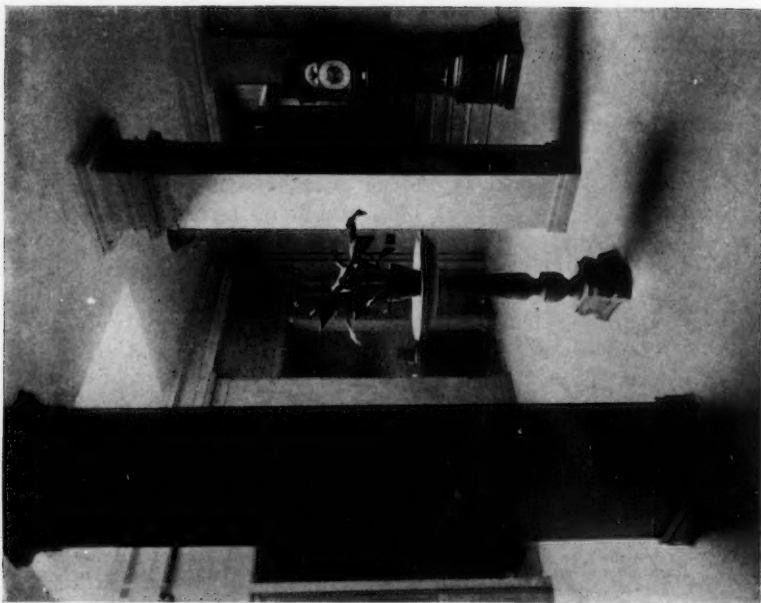


FIG. 3. ENTRANCE HALL. ENTRANCE FROM STREET AT LEFT,  
ENTRANCE TO OFFICE RIGHT OF FRONT ENTRANCE

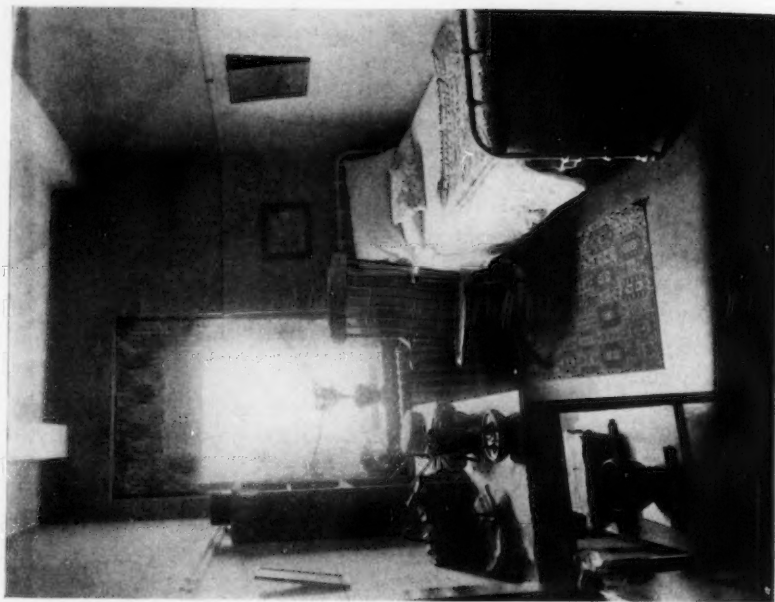


FIG. 4. NURSE'S BEDROOM

cially adapted for hanging small pictures; the kind which most nurses are likely to have. The walls are of a tinted plaster, those on the second floor are colored brown; on the third, grey; and on the first and fourth, green. The walls make a good background and the rooms with a few simple touches soon assume a homelike appearance. A glass transom over the door assists in giving adequate ventilation. The lighting is electric and mainly overhead, although each room has a drop light. In some rooms the light is rather dim. An improvement on the overhead lighting system is yet to be found.

FIG. 4. NURSE'S BEDROOM



FIG. 5. THE LIVING ROOM

On each floor are a linen room, broom closet, and slop-sink closet. There are also two alcoves on each floor which can be used as sitting rooms. That adjoining the room of the nurse instructor she uses as her study. The others, in times of congestion, can be turned into extra rooms by placing a cot, a wardrobe, etc., in them. The bathing facilities are ample, as there are six bathtubs and eight set bowls to a floor of twenty-nine rooms. In planning a new building, a shower bath to each floor and a separate sink in each lavatory for brushing teeth would

FIG. 3. ENTRANCE HALL. ENTRANCE FROM STREET AT LEFT,  
ENTRANCE TO OFFICE RIGHT OF FRONT ENTRANCE

be a good addition. On the second floor, the supervisors have a bathroom of their own and also their own sitting room.

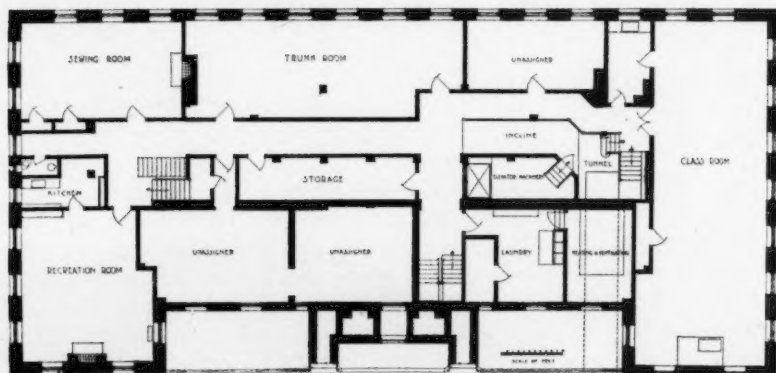
One of the most popular parts of the building, especially in the summer time, is the roof. Here, covered by an awning, four Gloucester hammocks are swung and a number of the nurses have cots and sleep out when the weather permits.

The building is fireproof throughout. The stairways on either side are enclosed by wire-glass partitions which separate them from the rest of the house.

For those interested in construction I quote from Doctor Washburn, the administrator of the hospital:

The floors are made of reinforced concrete with German battleship linoleum cemented to the surface. The exceptions to this finish are, that in the living room is a quartered oak floor, and in the entrance hall, Italian marble, and in the toilet and bathrooms, terrazzo. There is an electric elevator operated by push buttons. The building is designed structurally to receive an additional story at some future time. To provide for this the fifth floor slab has been laid. The present roof is of light steel and cinder concrete construction, strutted up from this fifth floor concrete slab. Everything is so arranged that the fifth story can be added without making any change below the floor slab.

The house is quiet, except for street noises which cannot be avoided. The nurses have separate rooms and good closets, a living room in which to entertain their friends, the roof and recreation room in which to relax. Surely, you will agree with me that we have some of the essentials of a home-like house.



PLAN OF BASEMENT FLOOR

## PERNICIOUS ANEMIA

By JOSEPH ROBY, M.D.

*Rochester, New York*

*(Continued from page 583)*

Pernicious anemia, then, is a disease in which the normal fatty marrow of the long bones is replaced by red marrow, showing under the microscope active regenerative changes in the shape of normoblasts, megaloblasts, etc. There is usually a fatty degeneration of the heart, liver and kidneys, and there may be a considerable enlargement of the spleen. The changes in the blood are its pale color, often excessively so; its low specific gravity and slow coagulation, its thin and watery appearance; the great reduction in the number of red cells, often below 1,000,000; the low but relatively high haemoglobin so as to give a color index near or above 1. As a rule there is a diminution of the white cells and particularly the Poly. per cent, and the smeared specimen of poikilocytosis (abnormal shapes), anisocytosis (great variation in size) and the abnormal cells, megaloblasts, normoblasts, megalocytes and myelocytes.

The symptoms of pernicious anemia usually come on very insidiously and gradually, so that it is often difficult to say when the disease started. Loss of strength is the first symptom noted by the patient; and pallor, by the patient's family. Owing to the poor supply of oxygen, the function of practically every organ in the body is affected. There is great feebleness and the patient is easily exhausted and very languid. The pallor is often extreme so that the whole body looks waxy; often there is a slight yellow tinge and there may be subcutaneous hemorrhages. The conjunctiva is pale and the lips and tongue are often excessively so. The mouth and tongue are usually dry, there is loss of appetite, often eructations of gas, nausea and sometimes vomiting of food and even blood. The normal hydrochloric acid of the gastric juice is apt to be diminished and may be absent entirely. There is usually constipation. There are apt to be attacks of palpitation, fainting and always a more rapid pulse. There is generally a soft blowing murmur over the base of the heart. There may be some fever and at times, especially in the aplastic form and late in the disease, it may get quite high, 103 or 104°. The pupils are usually dilated, and where there is involvement of the spinal cord they do not react well to light. Vision is sometimes disturbed and there may be even temporary blindness. There are hemorrhages into the retina:

there is vertigo, ringing in the ears and sometimes evidence of mental weakness through an anemia of the brain. The breathing is more rapid than normal and in the late stages there is often a distressing "air hunger." The urine is pale and may show albumin. There is sometimes considerable dropsy. Occasionally the spinal cord is involved and gives symptoms like locomotor ataxia, with loss of reflexes and bladder control, abnormal sensations in the legs, some numbness, loss of knee jerks, ataxia, etc. In the aplastic type the disease is apt to run an acute course with hemorrhages and high fever. The course of the disease varies greatly, in some cases death supervenes early; others may live quite a long time. There are apt to be remissions so that the patient may get up and be about after having been confined to the bed. Eventually all cases seem to be fatal.

The treatment has been most unsatisfactory, so that there have been many who have been inclined toward leaving the patient alone, except for rest and general tonic treatment.

The conservative plan of treatment has been to put the patient to bed with open windows and a generous diet. An estimation of the hydrochloric acid in the stomach should be obtained and if the gastric analysis shows a diminution or absence of hydrochloric acid, it should be supplied in twenty or thirty drop doses after meals, well diluted and taken by means of a glass tube. Essence of pepsin appears to aid digestion at times. Any focus of infection should be eliminated if possible; the teeth should be carefully examined and put in good shape, although oral sepsis by itself is certainly not the cause of the disease. A diet rich in iron does not seem to be of as much benefit in this disease as in simple chlorosis or the so-called secondary anemias. In fact the liver is already full of iron. Nevertheless, such a diet should be tried. The foods that contain most iron are meats, yolk of egg, oat meal, spinach, apples and carrots. Easily digested things should be given, milk, eggs (raw or cooked) meats and beef juice (made by the cold process of covering the cut-up meat with cold water, allowing it to stand and squeezing out the water and dissolved albumin), raw beef sandwiches with cut-up onions, green peppers or chives, junket, custards, apple sauce and baked apples. Some years ago, favorable results were reported from the use of red bone marrow either raw and spread on bread or as a glycerine extract. It may be necessary to give fully peptonized milk if there is vomiting. Some will apparently have more appetite when they take a little wine, such as a good claret or a little sherry. Alcohol may also be given in the shape of an eggnog or a milk punch.



In the way of drugs, arsenic has always held the first place. It has been given by mouth as Fowler's solution and by hypodermic as the cacodylate of soda or iron. From time to time there have been very favorable results reported from the use of salvarsan intravenously. In cases where the writer has tried salvarsan, there has been no benefit from it. In all cases a Wassermann reaction should be done and of course if positive, one could expect a decided improvement from the use of salvarsan.

The other two methods of treatment that have been recommended lately are blood transfusion and the removal of the spleen. Blood transfusion was tried a good deal some years ago and then given up. At that time it was usually done as one massive transfusion when the patient was more or less moribund, but with the more simple methods of transfusion it has come again into quite general use. The method of direct transfusion from the artery of the donor to the vein of the recipient will probably not be again in very general use. It requires a good deal of technical skill on the part of the operator, the loss of his artery and quite a large wound on the part of the donor, and the loss of the vein and a large wound on the part of the recipient. Besides, there is no very good method of determining the amount that has been transfused. Lindeman's method, by a number of small syringes which are rapidly filled from the vein of the donor and as rapidly injected into the vein of the recipient, also requires a great deal of technical skill. The writer has never used the Kimpton-Brown method of receiving the donor's blood into a glass vessel coated with paraffin, but it would probably be the method of choice did it seem probable that there was any objection to the citrate of soda method. Defibrinated blood, obtained by whipping out the fibrin has also been recommended, both by transfusion and simple subcutaneous injection.

Certainly the simplest method is to use a solution of citrate of soda to prevent coagulation. Varying strengths of this chemical have been advised, but it probably requires about one-third of one per cent solution in the blood to prevent coagulation. The writer has used this strength solution for some time with apparently perfectly safe results. The solution used is 12 per cent, so that 0.5 cc. added to 19.5 cc. of blood will give  $\frac{1}{3}$  per cent solution.

The technique is very simple. The donor lies on the edge of the table with his arm hanging down, a piece of rubber tubing is put about the upper arm and held by an artery clamp; it should be tight enough to distend the vein and at the same time to allow a good flow in the artery. Scrubbing the arm with denatured alcohol seems to distend

the vein, and snapping with the finger also helps. A small amount of cocaine may be injected so as to make a wheal in the skin over the most prominent part of the vein, and then a needle of large caliber may be used without pain. The needle is plunged into the vein and the blood is allowed to flow into 2 oz. glass bottles. By using a number of these bottles, any desired amount can be collected, and if any accident like clotting or dropping the bottles occurs, one has not lost all of the blood. As each bottle is filled it is passed to the nurse who mixes it thoroughly by tilting and shaking the bottle. Then the blood may be filtered through a fine-wired sieve, to remove any possible clots, into a larger bottle from which it is injected into the vein of the recipient. For this purpose the writer happens to use a 12 ounce nursing bottle with a small hole drilled in the bottom into which may be fitted a small rubber cork, and into this same hole, when the bottle is inverted, may be fitted a piece of glass tubing covered by rubber with a Paquelin cautery bulb attached. In this manner the blood may be forced through quite a small needle. A piece of rubber tubing, fitted to the neck of the bottle, carries at its other end a two-way stop cock and needle. When the cock is shut off and the needle is plunged into the patient's vein, the blood appears at the lateral opening of the stop cock, which is then turned and the blood is forced in by the pressure in the Paquelin cautery bulb.

Whatever method of transfusion is selected, the donor's blood must be tested against the recipient's. The writer has used the Rous method, which depends upon mixing the two citrated bloods together and watching the behaviour of the red cells under the microscope. If the bloods do not agree, there will be a clumping of the red cells; otherwise, they are evenly spread. The writer is of the opinion that small transfusions of not more than 300 cc. are of just as much benefit, in most cases, as the larger ones, although it is usually customary to transfuse about 500 cc. or more. If the blood of one donor does not improve the patient, another donor should be tried. The writer has one patient who has been kept in comparative health for about two years by these repeated transfusions. He is chiefly benefited by the blood of one donor, and this donor, although beyond fifty years of age, has been used about sixteen times with no apparent ill effect upon his health.

Eppinger has been chiefly responsible for bringing to the attention of the profession the possible advantages of splenectomy. This operation is not to be undertaken lightly however. It must be remembered that the patients are not good operative risks, that the wound is likely to bleed and also to suppurate. Krumbhaar's analysis of 153 cases gave the post-operative mortality at about 20 per cent.

This has been much improved, however, of late. There are those who hold that splenectomy should be reserved for the cases where all other methods have failed, and again there are those who hold that it should be done right away, or possibly as soon as the patient can be improved by one or two transfusions. The situation can be summarized as follows:

1. So far, probably, no case of pernicious anemia has ever been permanently cured by any method of treatment.
2. Almost all patients are likely to have periods of improvement without any treatment.
3. Rest in bed, forced feeding, fresh air and arsenic may be given a trial.
4. If these conservative methods do not cause a distinct improvement, blood transfusion should be tried.
5. If the blood transfusions do not seem to improve the patient, a splenectomy should be done.
6. The more favorable cases for splenectomy are the younger patients, those who have not had the disease too long, those in whom there is an enlarged spleen, and finally those who do not have a count below 1,500,000.
7. There are a considerable number of physicians who would advise immediate operation.

Nothing has been said as to the cause of the disease. It seems that there is some agent causing an haemolysis (a dissolving) of the red cells, and the spleen seems to play an important part in this destruction, so that although splenectomy does not at all remove the cause, it seems to remove one of the ways in which the cause acts, but exactly what causes this haemolysis is still a mystery.

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The Massachusetts Board of Registration of Nurses will hold an examination for applicants for registration on Tuesday and Wednesday, June 26 and 27, 1917, in Boston. Application for any examination must be filed at least five days before the examination date.

This examination is being held in addition to the three specified in the law. The above dates have been purposely selected to give the more recent graduates and those desiring to join the Red Cross, an early opportunity to register.

## A PRISON EYE CLINIC

By FREDERIKA FARLEY, R.N.

*New York, N. Y.*

In April of 1916, the Mutual Welfare League of Sing Sing Prison appealed to the New York State Commission for the Blind for aid for a colored, blind man, an inmate of the prison, who was to be discharged in two days. This man had been in prison seven years and in that time had completely lost his sight. He was about to be sent out to an unknown, dark world to make his living. The situation was very urgent and demanded instant action. The easiest thing was to find a suitable boarding place for him. After that, it was necessary for us to send a teacher to him every day to instruct him in the use of his hands. While in prison, he had been taught to read and to weave a rug, but that was not sufficient to earn a livelihood.

At the same time that we were asked to assist with the blind man, we were also approached by relatives of another man, who was rapidly losing his sight. The relatives wanted us to appeal to the governor for a pardon for this man so that he might be released and sent to a hospital for treatment to save his sight.

As a result of these appeals, we felt there must be other men in prison who had serious eye defects, which, if neglected, might result in blindness or at least in very defective vision such as would be a serious handicap to them on their release from prison. We therefore asked permission of the prison authorities to conduct an eye clinic in Sing Sing for the inmates. The permission was granted, and in April the clinic started. The junior member of our Board of Ophthalmologists volunteered his services for this Clinic, with the aid of the Commission's social service nurse.

On the first visit of the doctor and nurse, nothing was done except to examine the available room for the work and the equipment with which the work would be done. It was found that there was available a large, well-lighted room, with a dark closet opening from it. The hospital equipment was excellent, but a few extra instruments were needed for the special work undertaken.

It was arranged that the nurse should go to the prison alone on Fridays, and on that day see all new patients, take their histories, and, with the aid of an inmate who understands refraction, do the simple refractions. Also, on this day the nurse would see all old cases that needed treatment and give it then.

On Mondays, the doctor should go to the prison, see all the new patients whom the nurse has seen the Friday previous, and all old cases that had to return for further examination. By that arrangement, the doctor is able to see 18 or 20 men in the two hours he is there and give them a very complete examination. The clinic is conducted as nearly as possible as it would be were it in the city and there is the advantage of always being able to have the patient return for further examination and treatment, which makes it possible to follow a case to completion.

To the date of writing there have been 135 patients examined: 7 operations; one refused operation (an advised enucleation). There are four patients awaiting operation, and many have been referred to the nerve, nose and throat, ear, and dental clinics.

There has been a surprising lack of infectious eye conditions, only one case of trachoma among the 135 patients. This was a man just admitted from New York City and he was immediately placed in quarantine. There was one case of gonorrheal ophthalmia, also newly admitted, and placed in quarantine. The rest were made up of acute iritis, chronic iritis, glaucoma, detached retina, optic atrophy, pterygium, hyperopia and presbyopia, myopia, and six injured eyes which required enucleation to preserve the sight in the uninjured eye.

Glasses are supplied by the state when the men cannot pay for them themselves. Through the kindness of a friend of the prison, and an honorary member of the Mutual Welfare League, it has been possible to supply first-class artificial eyes to all the men who have need of them.

In time, as the acute cases are all seen to and examined, it is intended to see and give a routine examination to every man in the prison to check, if they exist, any hidden eye defects. The prison officials have in mind a very complete hospital department. Already, the Commission is indebted for the generous coöperation of workers in the various clinics now organized.

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The Washington State Graduate Nurses' Association will hold its annual meeting in Walla Walla on May 24 and 25. The Washington State Public Health Nurses will hold their annual meeting on May 26 in the same city.

## THE RÔLE OF THE NURSE IN THE PREVENTION OF DISEASE<sup>1</sup>

By CHARLES D. LOCKWOOD, M.D.

*Pasadena, California*

It is gradually dawning upon civilized nations, that good health lies at the foundation of good morals and national prosperity. National decay and moral degradation follow in the wake of epidemics and widespread disease. Wherever sanitary science has prevailed, civilization has made rapid strides. High ideals, intellectual development and the nobler things of life cannot flourish in unhygienic surroundings; pure air, pure water and pure food are essential to human progress and development. It would seem that it would hardly be necessary to mention things so simple, that even the least intelligent individual would recognize their importance, but highly civilized communities, even in this enlightened age, have failed to grasp the significance of these factors in promoting human happiness and prosperity, and because of disregard of them, thousands of lives are sacrificed annually.

The chief aim of the medical profession until recent years, has been the cure of disease, but its greatest efforts are now directed towards the prevention of disease. In studying the various problems involved in sanitary science and the prevention of disease, it has been discovered that disease is the greatest foe that man has and that ignorance, inefficiency, crime, misery and racial degeneracy are the end results of bad hygienic conditions and poor health. We then, as doctors and nurses, in promoting good health and preventing disease, are helping in a very fundamental way to solve the world's moral problems and to elevate social standards, no less than do the minister or the social service worker. Dr. Victor Vaughn has said: "With ten generations of freedom from disease, inherited and acquired, the world would be regenerated and the super-man born."

In this transformation of medical knowledge into habits of thought and action, the graduate nurse is destined to play an important rôle. If nurses are to ennoble their profession and clothe it with the dignity it deserves, they must catch this vision of social service; it must permeate their being and be the guiding impulse in their daily tasks. It is this spirit of service to humanity that is lifting many of the common, humble tasks of life into the realm of the ideal and the spiritual. It was my

<sup>1</sup> An abridged version of an address delivered to the graduating class of the Los Angeles County Hospital.



privilege to be in contact with Hull House in Chicago twenty years ago, when visiting nursing was in its infancy, and a deep and lasting impression was made upon my mind at that time regarding the possibilities of social betterment through the introduction of skilled nursing in the homes of the poor. As I would follow the nurse day by day in her rounds, I could see the salutary effect of her work upon the domestic life of these people. She could not speak the language of many of the families she visited, yet through the very neatness of her person, the kindness of her manner and the thoroughness of her work, she imparted lessons of cleanliness, economy and human sympathy which transformed whole families in a few weeks. I know of no other agency in modern life that has such possibilities for teaching the gospel of good health, good morals and good economics as the properly qualified nurse, who is inspired with the dignity and importance of her mission. She is the embodiment of the humanitarian idea so dominant in the world today and is the reincarnation of the lowly Nazarene.

The principle involved in the work of the visiting nurse is being applied to almost every phase of modern life and innumerable opportunities are presenting themselves to the ambitious and up to date nurse. Some of these are actuated by humanitarian motives, while others find it pays to conserve the health of the employees and to prevent disease rather than to pay indemnity for avoidable sickness and loss of time, but whatever the motive leading to a system of health inspection and conservation, the opportunity is offered the conscientious nurse to promote the welfare of mankind and to idealize her profession. The problems which will confront the nurse engaged in welfare work are of the most varied and intricate kind and will require wisdom, tact and diplomacy of the highest order. She must often be the mediator between employer and employee and through her patience, good judgment and love of humanity, she may become one of the great agencies for adjusting difficulties existing between capital and labor. She may start out with the idea that her special work is to teach hygienic living, sanitation and prevention of contagious diseases, but if she is to become a really valuable factor in public welfare work, she must broaden her vision and study economic, industrial and social problems. So closely interlocked are these questions with the one of good health, that no enduring help can be given unless the underlying cause is appreciated and removed. Among the causes contributing to disease among the working classes are poor housing, non-employment, insufficient wages, child labor, poorly ventilated and unsanitary factories, long hours of labor, liquor, cigarette smoking, houses of prostitution, loan sharks and quack doctors. This is a formidable array of evils

When the doctor arrived, he found that the bullet had entered the left leg, at figure 1 in the accompanying illustration, and had, no doubt, emerged at figure 2, just escaping the symphysis pubis.

The doctor cleansed the wound with bi-chloride solution, applied gauze and cotton, and bandaged it. He also pinned a towel firmly across the abdomen to prevent possible hemorrhage. An ambulance arrived and the boy was taken to hospital A.

At the end of two weeks, the boy was dismissed from hospital A, apparently in good condition. Two days later he called on his family physician. The doctor made an examination which disclosed an aneurism in the left groin. Taking the boy home in his car, he ordered him to bed and called a surgeon in consultation. The surgeon, after applying the stethoscope, ordered him kept in a recumbent position. The case was then reported for visiting nurse service. As the case was an unusual one, many physicians called to see the patient. It was feared that the limb would have to be amputated unless an arterial operation could be performed. One of the doctors who had been called in consultation suggested sending for Dr. Bernheim of Baltimore. The boy was removed to hospital B, where, on August 23, seven weeks after the accident, the operation was performed.

Dr. Bernheim pronounced it an arterial-venous aneurism, both the femoral artery and the saphenous vein being involved. He had very little hope of success, saying the femoral artery, at the point of injury, was a most dangerous place for operation. I had the good fortune to witness the operation where there were present thirty-five surgeons, the operating-room nurses and myself. It was the most wonderful feat of surgery I have ever seen. An incision twelve inches in length was made across the left groin, as shown in the illustration. It took one hour and a half to reach the point of injury, by separating the various muscles, nerves and blood vessels. When the femoral artery was reached, it was shown that the bullet had pierced both the artery and vein and that the blood stream was being sent back to the heart instead of through its natural channel down the leg. The artery and vein had adhered to each other. The operator separated the two blood vessels, after which he applied special padded clevis clamps, worked with thumb screws, his own invention, to the artery and the vein at either end of the injury, the clamps being about two inches apart. An attempt was made to sew up the rent made in the vein by the bullet, but without success. It was necessary to tie off the vein, as hemorrhage was so severe from its lateral branch.

After severing the many adhesions between the artery and the vein, the rent in the artery was exposed and, the clamps being in position,

and control of hemorrhage assured, an excellent opportunity was afforded to take four stitches with fine white silk. The clamps were then removed and all held their breath, not knowing whether pulsation would be perfect. It was indeed wonderful to watch the blood pulsate through the mended artery. A sigh of relief came from the surgeon.

Now the work of sewing began. Different layers of muscles and fascia were joined with chromicized catgut, the skin with silkworm gut, and a large compressed dressing was applied. The leg was put in splints and the patient ordered kept in a recumbent position.

After three weeks in the hospital, he was removed to his home and was again placed under visiting nurse service. On December 4th, he returned to his work in a shoe factory. He is, at the time of writing, in splendid health, having gained twelve pounds.

Dr. Bernheim stated that the first-aid treatment given immediately after the accident helped save the boy's life which could not otherwise have been preserved beyond one half hour, and that without the arterial operation, he would have been either a bed-ridden invalid or a cripple for life.

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#### SIMPLE METHODS FOR FLY KILLING

Any odor\*pleasing to man is offensive to the fly and *vice versa*, and will drive them away. Take 5 cents' worth of oil of lavender, mix it with the same quantity of water, put it in a common glass atomizer and spray it around the rooms where flies are. In the dining room spray it lavishly, even on the table linen. The odor is very disagreeable to flies, but refreshing to most people. Geranium, mignonette, heliotrope, and white clover are offensive to flies. They especially dislike the odor of honeysuckle and hop blossoms.

According to a French scientist flies have intense hatred for the color blue. Rooms decorated in blue will help to keep out the flies.

Mix together 1 tablespoonful of cream, 1 of black pepper and 1 of brown sugar. This mixture is poisonous to flies. Put in a saucer, darken the room except one window and in that set the saucer. To clear the house of flies, burn pyrethrum powder. This stupefies the flies, but they must be swept up and burned.—*Special Bulletin, The Merchants' Association of New York.*

## SPECIAL DIETS: HOW TO SECURE VARIETY

BY CORA McCABE SARGENT, R.N.

*Towson, Maryland*

The value of dietetics as a treatment in disease is so generally appreciated nowadays that the trained nurse, in order to pass muster in her calling, must have a thorough knowledge of food values. Nor does the requirement stop with this: she must also know how to work out certain food combinations in relation to each other and their effects in certain diseases. As a matter of course, her theory and more or less practical skill are gained through her course in dietetics, and also by observation during her period of training of the dietaries prescribed by the hospital physicians in the different diseases, and the diet lists of the hospital. It is when she goes out to ply her calling and is, in a way, cast upon her own resources and resourcefulness that she fully appreciates and keenly feels the necessity for thoroughness in the knowledge of the relation of diet to disease.

Even though the attending physician dictates and assumes the responsibility of the patient's dietary, it falls to the lot of the nurse to prepare and serve the food in an appealing way so that neither the patient's eye nor palate becomes surfeited from very monotony. She must also not only know the kinds of food suitable for certain diseases, but she must, as well, be able to recognize those which are harmful and thereby avoid making any mistakes in yielding to the patient's capricious demands and her own desire to cater to them. She must understand exactly what comprises liquid diet, soft diet and convalescent diet; she must be able to classify proteids, carbohydrates and fat producing foods and know how to combine them in order to bring about the best results: she must know how to prepare a properly balanced meal including all the food principles; she must be familiar with the substitutes for meat, in case a meat free dietary is prescribed, so that the appetite will not pall, and the craving, which has been handed down from the days when man grilled the fruit of the chase on a bed of red hot stones, will be satisfied and the body not suffer from the abstinence.

All the foregoing and even more the nurse must include in her repertoire of efficiency. Further, and of hardly second importance, she must be able to transmit her orders intelligently to others or, if necessary, do the cooking herself, remembering always that improper cooking will convert the most nourishing food into mere filling. Nor is the serving of food the least important factor in the catering for the sick. In truth, this point can not be too strongly insisted upon,—the correctly appointed tray, the daintily garnished dish, all count for so much and are wonderful stimulants to the jaded appetite.

Perhaps, one of the greatest difficulties the nurse confronts in the matter of catering is when the patient is on liquid diet, the vital point being that the nourishment must be so distributed in the feedings that, while the organism is rested (the object to be gained) the body will not feel the effect of the absence of proteids. Very frequently a patient on two-hour feedings will complain of hunger. This is because judgment has not been used in the distribution of the foods that make up the diet. Worse still, the nurse is too often controlled by her own inclination to give whatever can be prepared with the least trouble.

In the matter of soft diet, which is the intermediate step between liquid and convalescent diet, there is no excuse for monotony, as the range of foods, excepting restricted soft diet, is most liberal,—meat, fish, and green vegetables being all that are prohibited. When catering to the convalescent patient, the nurse must remember that the food must abound in nutritive principles, easy of digestion and containing a large per cent of proteids.

By way of suggestion and to show what may be done if a little personal effort is brought to bear, various menus appended are illustrative of the variety that may be introduced, the balance of food principles being retained. It might be added that the nurse who lives up to the letter of her profession in this particular will make out her menus on one day for the next, not leaving this vital matter to chance and haphazard arrangement, making sure that what she needs is at hand. This is a time when making the most of what happens to be on hand will not work.

## LIQUID DIET LISTS (TWO HOUR FEEDINGS)

Showing five variations

(1)	(2)	(3)
Coffee	Coffee	Coffee
Milk	Milk	Milk
Broth	Strained soup	Cream soup
Tea	Fruit albumin	Egg albumin
Cocoa	Milk	Tea
Egg albumin	Tea	Cocoa
Milk	Beef juice	Beef broth
Gruel	Cocoa	Milk
(4)	(5)	
Cocoa	Coffee	
Lemon albumin	Milk	
Chicken broth	Gruel	
Tea	Tea	
Milk	Strained soup	
Gruel	Milk	
Cream soup	Fruit albumin	
Milk	Cocoa	

## RESTRICTED SOFT DIET

Showing five days' menus

(1)	(2)	(3)
<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
Cereal with cream and sugar	Cream toast	Hominy grits with butter
Milk toast	Soft cooked egg	Poached egg
Soft cooked egg	Coffee or cocoa	Milk toast
Coffee		Coffee
<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>
Chicken broth capped with whipped cream	Meat broth	Beef broth with egg
Toasted bread mites	Very soft egg souffle in an individual ramekin	Toasted crackers in hot milk
Shirred egg	Dry buttered toast	Junket
Tea	Ice cream	
<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
Egg poached in milk, served on round of toast	Dropped egg in toasted bread case	Milk toast
Wheatena mold with cream and sugar	Blanc-mange with cream	Soft cooked egg
Cocoa	Milk	Cocoa or tea
(4)	(5)	
<i>Breakfast</i>	<i>Breakfast</i>	
Cereal with cream and sugar	Orange juice	
Creamy toast	Wheatena with cream and sugar	
Soft shirred egg	Milk toast	
Coffee	Coffee or tea	
<i>Dinner</i>	<i>Dinner</i>	
Milk and egg broth	Barley soup	
Buttered toast	Egg poached in milk	
Tapioca custard masked with unbrowned meringue	Soft custard	
Tea		
<i>Supper</i>	<i>Supper</i>	
Soft cooked egg	Cream broth	
Steamed graham bread	Soft cooked egg	
Baked custard	Cocoa	
Milk		



## UNRESTRICTED SOFT DIET

## Five days' menus

(1)	(2)	(3)
<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
Sliced orange in orange basket	Fresh fruit	Baked apples with cream
Cream of wheat with butter	Cereal with milk and sugar	Soft cooked egg
Toasted graham bread softened in milk	Soft cooked egg	Rolls with butter
Coffee	Corn muffins	Cocoa or coffee
	Cocoa	
<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>
Cream soup with crisped crackers	Mutton broth with barley	Beef broth with toasted crackers
Potato souffle in cocottes	Baked potato	Stuffed baked potatoes
Boiled rice with butter	Boiled rice	Creamed macaroni
Ice cream	Coffee ice cream	Custard junket
<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
Eggs en nest	Shirred egg	Egg broth
Buttered toast cubes	Milk toast	Buttered toast
Baked potato dressed with cream	Stewed apricots or peaches	Stewed prunes
Apple sauce	Cocoa	Milk
Cocoa		
(4)	(5)	
<i>Breakfast</i>	<i>Breakfast</i>	
Apple sauce	Fresh fruit	
Wheatena with cream and sugar	Corn meal mush with cream and sugar	
Poached egg on toast	Soft cooked egg	
Coffee	Toast	
	Coffee	
<i>Dinner</i>	<i>Dinner</i>	
Potato puree with crisped crackers	Bouillon	
Boiled hominy	Gluten crisps	
Tapioca custard	Mashed potato	
Milk	Creamed macaroni	
	Orange custard	
<i>Supper</i>	<i>Supper</i>	
Soft cooked egg	Boiled rice with butter	
Cream toast	Stuffed baked apple	
Fruit whip	Milk toast	
Cocoa	Tea	

By the addition of fish, meat or chicken to the soft diet menus, they become convalescent diet. For example, take the breakfast and dinner menus for the fifth day and note the changes; viz.,

<i>Breakfast</i>	<i>Dinner</i>
Fresh fruit	Bouillon
Corn meal mush with cream and sugar	Gluten Crisps
Frenched lamb chop (instead of an egg)	Stewed chicken
Toast	Mashed potato
Coffee	Creamed macaroni
	Orange custard

Meats, fowl and fish should be selected with a view to their combination with other foods that the balance may be preserved.

#### VEGETABLE AND FARINACEOUS DIETARY

##### Two days' menus

(1)	(2)
<i>Breakfast</i>	<i>Breakfast</i>
Crisped corn flakes	Toasted rice flakes
Breakfast toast	Baked potato in the half shell
Baked potato	Coffee
Coffee	
<i>Dinner</i>	<i>Dinner</i>
Green peas puree	(Hulless) bean puree
Zwieback	Baked sweet potato
Macaroni and tomatoes	Cauliflower
Chopped spinach	Stewed tomatoes
Boiled rice with sugar	
<i>Supper</i>	<i>Supper</i>
Potato gruel	Granola gruel
Granose biscuit	Zwieback
Asparagus with a little butter	Boiled rice with a little butter and sugar
Tea	

#### MEAT FREE DIETARY

##### Two days' menus

(1)	(2)
<i>Breakfast</i>	<i>Breakfast</i>
Sliced bananas with cream	Grape fruit
Waffles with maple syrup	Puffed rice with cream and sugar
Scrambled eggs	Poached egg
Coffee	Whole wheat muffins
	Coffee

*Dinner*

Cream of pea soup  
Stuffed baked potato  
Cheese soufflé  
Sponge cake with sauce  
Salted peanuts

*Supper*

Mayonnaise sandwich  
Omelette with French  
peas  
Baked potato  
Junket  
Milk

*Dinner*

Cream of celery soup  
Baked sweet potato  
Macaroni and cheese  
Vegetable aspic salad  
with mayonnaise  
Chocolate ice cream

*Supper*

Hominy grits with butter  
Sliced cold nut loaf  
Cup custard  
Cocoa

## LACTO-FARINACEOUS DIETARY

## Two days' menus

(1)

*Breakfast*

Toasted corn flakes with  
cream  
Cream toast  
Hot milk  
(use only sterilized  
milk and cream)

*Dinner*

Lentil soup  
Zwieback  
Cottage cheese  
Rice and milk pudding

*Supper*

Crisped rice flakes  
Creamed macaroni  
Buttered toast  
Milk

(2)

*Breakfast*

Granose flakes with  
cream and sugar  
Rice cakes  
Milk toast  
Milk

*Dinner*

Barley soup  
Creamed macaroni  
Whole boiled hominy  
with cream sauce  
Dry toast with butter

*Supper*

Hominy grits with butter  
Baked rice with milk  
Cottage cheese  
Zwieback  
Milk

## FRUIT AND CEREAL DIETARY

## Two days' menus

(1)

*Breakfast*

Grape fruit  
Boiled rice with fig sauce  
Dry toast  
Cereal coffee

(2)

*Breakfast*

Bananas  
Toasted puffed rice  
Toast with fruit, jelly

*Dinner*

Fruit cocktail  
Baked banana on toast  
Boiled rice with sugar  
Apple pie (granola crust)

*Supper*

Granola fruit mush  
Pineapple toast  
Stewed prunes

*Dinner*

Fruit nectar in bouillon cups  
Stewed rice with raisins  
Peach or prune pie (granola crust)

*Supper*

Fruit salad  
Fig marmalade on toast  
Baked apple

The foregoing food combinations setting forth the possible changes which may be rung in upon the various dietaries are by no means exhaustive. Enough, however, has been said to show that to have a pleasing variety, even in the case of the most restricted food lists, is merely a matter of intelligent planning upon the part of the nurse. Considering that it is of such vital import to the patient, it is surely well worth the nurse's while to consider the question seriously.

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#### HYGIENE VS. DRUGS

Just as the patent medicine signs on the fences of a rural community gauge the standard of intellectual enlightenment of that community, so does the welfare of the city's children determine the moral and mental advancement of the municipality. The people of wide country spaces, who still resort to liniment for bruises and sprains, are but one removed from the man who takes kidney pills or the woman who takes headache powders. Real medicine is advancing, so that we have almost arrived at that stage where our patients do not pay us for medicine but for advice, and we—some of us at any rate—have almost come to the point where we are willing to neglect the medicine altogether, and our patients have learned that we are able to do them more good without medicine than with it.—*Dr. George Goler.*

## THE PROSAIC SIDE OF NIGHT DUTY

By EDITH J. BURNS

*New York City*

Several months before I entered the hospital, I came across a verse entitled "Woman's Rights," which interested me.

The right to tread so softly beside the couch of pain,  
To soothe with gentle fingers the tangled locks again,  
To watch beside the dying in the still, small hours of night  
And breathe a consecrating prayer as the spirit takes its flight.

"How very beautiful," I thought, as I read the lines over and over again until I knew them by heart, and my desire was quickened to be admitted to the hospital and to put into practice these dearest rights of my sex.

Being now a nurse in a hospital and at present on night duty, I have at last abundant opportunity to enjoy the special privileges so poetically enumerated. Enjoy, did I say? That hardly seems the right word. I have an astonishing number of duties to perform, duties that take precedence over those tasks assigned to the nurse by the average writer of romance.

"The right to tread softly beside the couch of pain" sounds rather well, but as particularly exercised, it demands an abundance of strength, both of body and mind, and means no little self-sacrifice. When one is hurrying around a hospital ward, trying to attend to twenty other less romantic, but decidedly more necessary, duties, she is apt to overlook those employments so popular among nurses one meets in print. The nurse who allowed her patient to become the possessor of "tangled locks" would be sternly called upon to give a good reason for her neglect, and should the good reason not be forthcoming, she would be treated to comments by her head nurse, intended to prevent a similar occurrence in future.

"To watch beside the dying in the still small hours of night,"—no poetry this, but an experience that is bound to leave its mark on the life of the frivolous young person, a solemn tragic experience that calls for all her latent powers of self-control and the steadiest nerves she can command. Very grave are the thoughts that bear her company during the long hard hours of night duty when, perhaps for the first time, she is brought face to face with the great problem of life or death. When she sits beside a death bed, she craves words of hope and promise

for a future life. This hospital nursing brings experience of pain, suffering and sorrow to the young nurse, but death, awful enough at any time, is painfully solemn at night when the only sound that reaches the ears is the heavy, spasmodic breathing of the patient. Little wonder that she feels lonely, for hers is a world of sickness and pain, yet through it all she watches with dog-like faithfulness, ever hopeful for the patient's recovery. At the last, when she is alone with the dead, she feels cut off from the world of health and happiness. Such is night duty in a hospital.

The difficulties of night duty exceed any conception a nurse may have formed of it. Night duty means turning night into day and day into night. It means sleeping in the day time, provided one can, after the harrowing scenes of the previous night. But no matter how little sleep she may have obtained during her hours of rest, her night hours must be wakeful and she must be at work through the whole night.

As a rule she gets up feeling tired, sleepy, stupid, and apart from the rest of the world. Her duties call her to the wards at 7 p.m. and she will take entire charge of perhaps thirty patients. When 7 o'clock the next morning arrives, she thankfully drags her tired and sleepy body to the nurses' home, there to partake of a solitary breakfast while her thoughts persistently linger around the beds she has just left. Her breakfast over, she finds herself wide-awake and yet she must sleep. She hies herself to her room, stifling all yearnings to be about in the air and sunshine and, drawing tight the shades and shutters, creeps into bed resolutely, to close her eyes in needed sleep. In this she is usually successful at about the time for her to get up again. Her failure to sleep when she ought, combined with a tendency to sleep when she ought not, means much misery for the nerves of the night nurse. Then again, even though she may have slept well during the day, the night nurse cannot feel comfortably sure that she will not be tortured by an overpowering drowsiness stealing over her when she least desires it.

The work so lavishly provided for the night nurse in our hospitals has at least the one advantage of tending to keep her so busy that she must of necessity keep awake. There comes a temporary lull, perhaps between 3 and 4 in the morning, when all about her are wrapped in slumber, but she must be ever wakeful and her ears alert for the first sounds of the call of her patients. Yet there are times when these restless, moaning, pain-racked hospital wards are quiet in sleep. She is thankful for the duties that keep her moving about and performs them so energetically that the dreaded enemy of sleep is held at bay for the



time being at least. When the lull comes, she might sink into a chair, welcoming the opportunity for a few moments' needed rest, but the battle against sleep is so severe as to deprive her of this.

Even when softly pressing her finger tips to the clammy, emaciated wrist of a patient, noting the fluttering irregular heart beats, or when noting the character of the respiration, the night nurse is always battling against the desire to close her eyes, for her insidious foe, sleep, creeps over her at the slightest inclination; her eyes are heavy, her senses numb and only by a superhuman effort does she keep herself awake for the stern duties before her. Sometimes when she sits down to rest for a moment, her limbs feel paralyzed and her eye-lids loaded with lead. Then she realizes that she is falling asleep on duty and by a powerful exercise of will, stimulated by fright, she drags herself to the ice water supply and vigorously applies some to her face. She drinks cold milk and paces the corridor to help her in her fight, but even so, her head nods as she walks. Often she welcomes the work caused by a restless patient as something to occupy her mind. Sometimes she paces the ward, peering over the row of cots and coming dangerously near annoying the patients in their needed sleep. But in her torture of keeping awake, their ills seem almost trivial. To the nurse at this time, the bare floor would offer welcome repose.

This is night duty, and it is little wonder that as the weeks of hard work, poor sleep and heavy responsibilities pass, the night nurse grows nervous and melancholy. Little wonder that as she treads the silent halls she is startled by her own shadow and although her ears are constantly on the alert for sounds from her ward, her heart jumps and her limbs tremble when the silence is broken.

When the day breaks and the first streaks of dawn tint the horizon, she welcomes the joys of morning at last and quickly the terrors and loneliness of the night hours are dispelled. When seven o'clock arrives, she can scarcely believe it is so late. The day nurse comes and she tells her of her hard night, but the only consolation she receives is the assurance that perhaps it was hard, but that it is nothing to the time *she* puts in. Such a reply may bring its sting, but the resentment felt by the night nurse is short-lived and she forgives it quickly. A remembrance of one's individual task, only, is characteristic of the work in our hospitals.

## "A BORNIN' "

By CLARA M. DAVIS

*Berea, Kentucky*

"Mammy has been called in to Mary Lewis and says for you to 'stop by' on yer way up the creek and go home and stay all night with her."

Thus spoke Aunt Marthy's daughter at the "barn raisin" to which the Settlement Nurse had gone for a day's recreation.

In mountain language, to call in one's "neighbor wimmen" means another baby in the family soon. Never having seen a mountain midwife at work, the nurse made haste to accept the invitation in the hope of being present at a "bornin'."

No one was in sight about the place when, at the end of her three-mile ride up the creek, the nurse dismounted and hitched her horse, but following the directions of the men in the front room to "step right through," she came upon the affair of interest.

The room was of the usual mountain type; an open fire, two beds, a small stove and the table, still containing the remains of supper. The visitor was hospitably invited to "set right by," but she declined all but a cup of coffee, as her eyes and mind were upon the group in the corner.

Seated upon the lap of another woman was the expectant mother and in front of her, on a low chair, was the old midwife. On either side of the midwife, and holding the legs of the woman, were two of the neighbors, one with her own small baby at her breast. Two more were supporting the knees of the "nuss," one of whom was Aunt Marthy Harris.

The baby at its mother's breast was fretting sleepily and the nurse offered to take it, but this arrangement not being satisfactory to the baby, the nurse finally changed places with its mother and had a fine chance to observe details.

The woman was in the second stage of labor and the midwife, sitting with knees close under the woman's hips, with hands and apron ready to "kotch the baby," was helping and encouraging, as midwives have done since the days of Pharaoh. Lacerations were not considered, the main object being to get the baby as quickly as possible.

The crucial moment arrived! The baby was "kotchted," and its face wiped off with a corner of the apron. The placenta came presently

and was likewise "kotch'd," then the midwife pushed back and gave the order, "Fotch on a piece of stout string so I can tie this cord." The needful bit was found hanging on a nail on the wall, the family scissors were brought into the game, the placenta dropped to the floor and the baby, wrapped in the same useful apron, was handed to its waiting grandmother.

The midwife hastily examined the placenta, displayed it to the visitor with, "I reckon this afterbirth is all yere?," and gave an order for salt, a handful of which was placed inside the sac before she returned the whole to the floor.

In the meantime, the "nuss," stiff and weary, was relieved from her cramped position when two of the attending women assisted the new mother to her feet, removed her shoes and, protecting the nearest bed with heavy quilts, bundled her in, clothes and all, it never being necessary in the mountains to remove more than the shoes when one "lies down."

The office of the salt was never learned. The only response to the nurse's "Why?" being, "Oh, that's been done by midwives sence allers ago; I heered it from my mammy."

Some of the other women were cleaning up. Having<sup>7</sup>procured a shovelful of ashes from the fire place, one sprinkled it over the stained planks, scraped up placenta and blood-clots, and deposited the whole shovelful behind the back-log. More ashes were spread about, the floor scrubbed with a hickory splint broom, water poured from a gourd dipper and the whole swept out the nearest door into the yard.

In the meantime the old midwife had bathed (scrubbed would be more accurate) the baby, in the family wash basin, put on a cord dressing of scorched rags and "hog's fat," and dressed the mite in its first clothes; white muslin binder, red outing flannel shirt, diaper (a piece of old gingham apron), petticoat, and dress of checked "linsey woolsey."

With such irritating clothing a baby seldom escapes "hives," which are considered a necessity to its final well-being, although they are often followed by a chronic eczema. Sore eyes are frequent, being treated with mother's milk, "yarb" tea, etc., as silver nitrate has not yet been heard of in the mountains, and boric acid, or in fact, any disinfectant, is unknown. Blindness and defective vision are common and are not always due to trachoma which is prevalent all through the mountains.

This all happened more quickly than it takes to tell and in less than half an hour after the birth, the old midwife had mounted her mule and started for her home. The neighbors soon left for their homes and the nurse accompanied Aunt Marthy, to stay all night with her;

but even the soft feather bed could not induce sleep that night and before morning new decisions were made. These included a plan for a course in the practice of midwifery so that the nurse could sometime return to the Mountains, qualified to teach it, and save many mothers and babies from the needless suffering following in the trail of the untaught midwives.

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### PROGRESS OF STATE REGISTRATION

The Ohio State Association of Graduate Nurses has been actively engaged in defending its registration law. Two bills were introduced: one, providing that hospitals with a minimum daily average of five patients be allowed to operate training schools for nurses, and that the educational standards of admission to training schools be lowered to graduation from the eighth grade. This passed the House. The other bill, Senate Bill 114, was introduced and finally became a compromise with the House Bill. It provided that the one year high school requirement be suspended for two years and that the minimum patient requirement be placed at eight. This passed both houses, in spite of a well-organized, energetic campaign, conducted by the nurses of the state association. Following this, petitions were filed with the governor, who vetoed the bill. The full text of his communication is inserted:

*To the General Assembly: Senate Bill 114 is filed without executive approval.*

The Ohio standard in nursing is below that of many other states now. If this bill should become a law, there is grave danger of efficient nurses seeking other fields. There may be sporadic instances where relief under present conditions is desirable, but I very much question the wisdom of entirely disjoining a laudable system established by years of militant devotion to an ideal, by the nurses of the state. The course of least resistance is too often provided by enactment of the state legislature. Proverb and practice speak their command against this free and easy spirit. Ideals amount to something and the benefits growing out of their preservation will vastly outweigh the accruing temporary inconvenience.

Wherever pressing public interest suggests relief, it can doubtless be provided by a common-sense administration of existing law. It is safer to resort to that expedient in an emergency than to write a law that goes far beyond the zone of emergency.

[SIGNED] JAMES M. COX,  
Governor.

Nurses all over the United States will keep up their fight in the legislatures for higher educational standards, when they realize what continued "devotion to ideals" may sometimes bring.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

*Collaborators:* S. LILLIAN CLAYTON AND ANNA C. JAMMÉ

### TESTING THE NURSING SPIRIT

In this anxious and critical time, when we are so intent upon counting up national assets, and so carefully gauging the power of each of the great armies not only to hold out, but to win a decisive victory in the field, the question of what after all makes one army superior to another, and what are the essential qualities of a good soldier are matters of constant analysis and debate. Technical skill is of course taken for granted, intelligence and initiative are beginning to be recognized as fundamental, but the thing which seems to be considered as perhaps the greatest factor in a long drawn out struggle such as this, is the morale of the army, or its spirit. That is why we look with wonder and satisfaction at the still undiminished gaiety and gallantry of the French poilu, and the sturdy courage and tenacity of the British soldier and sailor, for we realize that without these qualities the day would long ago have been lost for the Allies, on the battle fields of Europe.

If armies and navies stand or fall by their morale, it is equally true that the soundness and strength of our nursing body will be judged in the last analysis by the quality of its spirit. This is the vital test of all our teaching and training. We do not underestimate the value of technical efficiency, which comes with careful training, nor the essential importance of intelligence and scientific knowledge, but these alone can never make a good nurse, any more than they make a good soldier or sailor. As nurses, we have always prided ourselves on our professional solidarity, our splendid traditions, and our fine spirit. Certainly no body of men or women can point to a more glorious history. A standard has been created for us which it is not easy to live up to, and so when great crises are to be faced and unusual situations to be met, it is not much marvel that we should all be a little anxious to know how our profession will stand the test.

The war which has been raging in Europe, and which threatens now to engulf this country also, has been a great testing time for institutions and systems of education as well as of manhood and womanhood. Many old traditions and standards have already been shattered



and new ones raised in their place. It is a great opportunity for taking stock of our professional body and finding just how we *do* compare with other groups who are serving, in this national emergency. Our whole system of administration and training, our personnel and our methods will be under the most critical observation, but it will be by our *esprit de corps* more than anything else that we are going to be judged. If we "play the game" as we believe we shall, there ought to be a great increase in recruits for our nursing schools after the war. If we justify our training, the much-needed endowments ought to be forthcoming to put our schools on a more dignified and effective basis. Perhaps as a result of this great national upheaval, the big reforms which we have all been eagerly waiting for will come, as they did after the Crimean war. It is well that we should stop for a moment to consider just what we do expect of the members of our profession in an emergency like this, just what kind of a spirit our nursing schools are breeding and how it ought to show itself under the special conditions facing us.

Fundamentally the nursing spirit is most akin to the mother spirit, because it is from the mother's instinct to protect and nourish and save life that the impulse to care for all weak and helpless human beings comes. This function of conservation is shown most dramatically where we have such a spectacular wasting of life as in the present war. We can almost see the nurse picking up the fragments, hoarding the stores of wasted energy and feeding the flickering flame of life till it glows again. Where great principles are at stake, and men must be raised up to defend them, the salvage corps contributes more than the recruiting agent, because it economizes man power and multiplies reserve strength not only by bringing men back to life but by mitigating the suffering and strengthening the spirit of fighting men. It has been definitely stated that those nations which have had the service of an ample corps of thoroughly trained nurses, have shown a decidedly higher percentage of recoveries and an appreciably shorter average term of convalescence than those which have had to depend on unskilled and undisciplined volunteers. We should be very much surprised and disappointed if such a saving could not be demonstrated by actual statistics, not only because it would help to justify our plea for a trained personnel for all nursing work, but because it would show that the passion for life-saving which has always been the chief characteristic of all our great nurses, is still as potent as ever.

Like her prototype, the mother, the nurse has also shown herself to be a good fighter, especially where the life or welfare of her charge is menaced. We think at once of the knightly orders of the crusades,



whose function it was not only to comfort and relieve the sick, but also to defend and protect them by force of arms, if necessary. This fighting spirit the real nurse must have, though it is usually directed against disease and the conditions that breed it, rather than against the lives of men. We have learned too, to expect of nurses a kind of soldier-like chivalry such as that shown recently by the nurses on a torpedoed transport who refused to accept life-belts from fighting men, and insisted on "Tommies first," in spite of the old rule of the sea. Like soldiers, we expect the nurse to show the Spartan spirit with its contempt for enervating and selfish indulgence, its fearlessness in the face of danger, its hardihood, endurance and daring. It is good to know that in Serbia and in Belgium and wherever men have gone to face death and disease, nurses have gone too, showing the same old hardy adventurous pioneer spirit which took our predecessors always into the field of danger and of need, regardless of personal comfort and safety. Endurance is often much more difficult than daring but our women have stayed at their posts like good soldiers. Some of them, like Edith Cavell, have met death, but we hear of none who have deserted.

We expect the nurse to be patriotic. Patriotism is a virtue which, like many of the others mentioned, is not confined to any single group. In the nurse, however, we expect a readier response to the call of duty, a greater willingness to sink her individuality in a common task, a greater steadfastness and trustworthiness in positions of responsibility, than we find usually among amateur volunteers of equal patriotic devotion, but without the long experience in meeting critical situations and the ready subordination of self which is essential to good coöperation. Many of these qualities we draw from our soldierly traditions and training but we have a great many traditions which come from a very different source. For many centuries the religious orders were almost the sole representatives of the nursing spirit, and the monasteries the only harbors of refuge from the cruelties and turmoil of life. Theirs was the spirit of hospitality, of charity and mercy, which gave comfort, assistance and nursing care to all who came, regardless of race or color or creed. They ministered to friends and enemies alike and, though their motive was not entirely free from self-seeking and narrow sectarianism, they showed a spirit of democracy, and fraternity which has been a constant inspiration and example to those who have come after them. It has been a matter of great pride that, through all the passions and prejudices aroused by war, nurses and physicians of all nations have been able to maintain so well these traditions of impartial and disinterested service, and professional fellowship. It gives us

more faith in the final triumph of that world spirit of internationalism which we all look to see in the near future. This spirit of good will and good fellowship is perhaps most severely tested in the everyday relationships of life, especially in the conflicting ideals and methods of different schools and the customs of different countries. A generous tolerance for human frailties and peculiarities and a spirit of loyalty to professional colleagues as well as to assistants, is expected of nurses as one of the by-products of our training. There is no room for pettiness or snobbery in such a democracy as we represent.

There is another tradition which we owe to the religious orders. It is suggested in the name of "sister," which their members still bear, and which European nurses generally retained after the secular system was established. I hope the name may come back into current use among our nurses because it serves to emphasize a kind of relationship between the woman-nurse and the man-patient, which is unique and perhaps apt to be overlooked. In older and more barbarous times it was necessary to wrap the nurse round with a special robe of sanctity, and to hedge her about with vows and prohibitions, in order that she might carry on her work with safety and dignity and might continue to retain public confidence in her moral character. The failure of the secular nurse of the servant type to maintain self-respect and moral integrity, was considered conclusive evidence that some form of vow or religious taboo alone could meet the special moral dangers in the situation. We owe it to Florence Nightingale and the splendid women who followed her, that this danger and disgrace have been so largely overcome by the building up of a new type of relationship, which we have come to call the professional as distinguished from the religious or the servile or the ordinary personal relationship. It is based partly on a very high conception of responsibility and integrity, and partly on the idea of the family relationship which is expressed in the title of "sister." Such a relationship is not incompatible with good friendship and mutual confidence but any suggestion of romantic philandering or sex-adventure destroys its whole meaning and tears down the carefully built-up structure on which public confidence and professional integrity rest. That is why we cannot tolerate in a nurse the deliberate exploitation of personal charms or the employment of stage or ball-room arts which we would overlook in an actress or even in a society debutante. Like that of Caesar's wife, the nurse's character must be beyond suspicion. We are full of indignation at the much-advertised exploits of the young amateur nurse, who has shown herself to be too often, merely a thinly-disguised matrimonial adventuress, but it is easier to find an excuse for her than for the professional

nurse of the same type (fortunately rare) who allows her emotions and sensibilities to obscure her professional duties and her own good sense and who thoughtlessly perhaps, but nevertheless surely, brings discredit on the whole nursing body.

During a time of great emotional excitement when sentimentality is bound to run riot, there is a special call for cool-headed, wholesome, fine-fibred women to create an atmosphere of dignity and sanity in hospital wards and military camps. Much of this responsibility will necessarily rest with nurses. The mania for publicity and self-advertising which has brought so much deserved public criticism on so-called "war" nurses is another thing we will have to fight. It is absolutely foreign to the real nursing spirit. From our friends in the medical profession, nurses have learned to distrust and despise all those forms of advertising which we so generally associate with quackery, charlatanism and a cheap desire to figure in the public eye. It is gratifying to know that in all these respects in spite of many temptations and many extremely trying situations, professional nurses have on the whole so well avoided the limelight and laid themselves open to so little criticism. But there is still room for improvement.

If there were space, I might speak of the social or humanitarian spirit which shows itself in constructive, public-spirited effort to improve social conditions, the religious spirit which is marked by a high type devotion to moral ends and reverence for the deeper and more spiritual things of life, the scientific spirit which is characterized by a spirit of inquiry, a devotion to truth, and a hatred of all forms of superstition, dogmatism and quackery. All these we find abundantly exemplified in Florence Nightingale, the finest type of modern nurse we know, and one who represents to us the full flower of the nursing spirit.

It is too early to say just how the whole record will stand when the war is over and our heroes and heroines return. There will be a great gathering up of experiences and impressions, and there will be many thrilling stories to tell. But it will all be of little profit as far as the profession is concerned, unless we are able to sift out all the evidence and find just where we made good and where we failed most conspicuously, where our training has helped us to meet these new and difficult situations and where it has been weak. When we come to look into our whole system of training, there will be many claims for new branches of science and new types of efficiency, but let us not forget the need of strengthening and quickening by all means in our power this vital thing without which all the rest is comparatively futile and barren—the nursing spirit.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

It is said that the crowning offense of the late Czarina of Russia was a plot to force Russia to conclude a separate peace with Germany. She was a German princess, Alix of Hesse Darmstadt, her mother the beloved Princess Alice, second daughter of Queen Victoria. Princess Alice died, when her children were young, of diphtheria contracted by kissing her dying child, whom she had nursed.

Some of the food advertisements of the large department stores in Berlin throw light on the food situation in Germany. German Forest Tea is quoted at 12 cents a packet; it is a carefully selected blend of the finest raspberry and currant leaves. Preserves and canned foods are still in evidence, but beef, veal, pork, sausages, butter, lard, eggs, cheese, rice, tea, coffee, cocoa, and chocolate have all disappeared. An enormous trade is done in canned mussels; they are advertised pickled, done in jelly and preserved in butter. Sardines are \$1.25 a box; salted goose flesh, \$1.20 a pound, and the legs smoked \$2.20 a pound. Fat conger eels are mentioned but no price is quoted.

When the French General Nivelle entered Noyon recaptured from the Germans, he was greeted with the strains of the Marseillaise. The emotion of the people was great, sobs were heard throughout the crowd. A child, her hair tied with tri-colored ribbons, offered a bouquet to the General, who took her in his arms and kissed her.

It is officially reported that fifty young girls were carried away by the Germans, ostensibly to act as officers' servants. A correspondent wrote that in the villages of Roye and Nesle the faces of the women left behind were dead faces, masklike, branded with the memories of great agonies. The children were white and thin, many of them seemed like idiots. Hunger and fear had been with them too long. Horrible stories were told that cannot be printed.

The late Duchess of Connaught, although a German princess, a daughter of Prince Frederick Charles of Prussia, was loyal to her husband's country. When her husband was Governor General of Canada she supported ungrudgingly all patriotic efforts to aid the soldiers. On a machine she had installed in Government House, Ottawa, she, herself, knitted 1000 pairs of socks for the army; the thousandth pair is laid up in the archives at Ottawa.

Miss Vivian Tremaine, who nursed King George after his accident when visiting his troops at the front, in October, 1915, has been in Montreal on a short furlough. The King was quartered in a beautiful old French chateau; Miss Tremaine's duties as nurse were shared by Sister Ward, an English nurse. They went with him to England and staid at Buckingham Palace until his recovery. They crossed in the hospital ship *Anglia*, which two weeks later was torpedoed and many wounded men lost. Miss Tremaine is at present matron of the Daughters of the Empire Canadian Hospital for Officers, London.

The American Women's War Relief Fund, of which the Duchess of Marlborough is chairman, has established a hospital for officers at Lancaster Gate, London. Ambassador and Mrs. Page took part in the formal opening.

Canadian firms sent 10,000 tons of frozen meat to the British armies during the winter.

The municipality of Berlin has purchased a million pairs of men's socks, six million pairs of women's stockings and half a million pairs of children's stockings for distribution to the population of that city.

The splendid work of the Royal Army Medical Corps is proved by the disappearance of typhoid fever in the British Army. Among the millions of soldiers in France there have been only four cases. In the South African War, with a much smaller force, there were 22,000 deaths.

In Egypt, Salonica and Mesopotamia the English soldiers are not only fighting but raising food, growing salad, potatoes and other vegetables.

The refuse of the military camps is now converted into glycerine at a cost of \$250 a ton, thus supplying the Munitions Department with an invaluable material, for which otherwise it would have to pay \$1200 a ton.

At the annual meeting of the Central London Ophthalmic Hospital it was stated that atropine, which before the war could be purchased at \$5.50 an ounce, now costs over \$40 an ounce.

A ribbon on which is woven the words from the ninety-first Psalm, "Whoso dwelleth under the defence of the Most High shall abide under the shadow of the Almighty," is given by wives and sweethearts to Russian soldiers when they join the army.

The English War Office has published a list containing the names of 1035 matrons, nurses, and other women brought to the notice of the Secretary for rendering valuable service.



## EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

**THE RUSSIAN REVOLUTION.** The Russian Revolution, precipitated by the incompetence and corruption of government officials in carrying on the war, was the climax of a one-hundred-years' struggle of the Russian people for freedom. Thousands of liberty-striving patriots had been sent every year to waste their lives in unspeakable Siberian prisons. Their numbers became ominous. The war was expected to divert their thoughts and energies. Instead it has overthrown the Czar and his government. His ministers, in control of all government functions, signally failed in their management of transportation, munitions, caring for the army, and distributing the food supply for the people. Many of these ministers were pro-German and secretly tried to plan a separate peace with Germany. Such a peace would have given Germany unlimited food supplies from Russia and would have released millions of German soldiers for fighting elsewhere. Russian soldiers at the front were uncared-for; munitions were short or were made purposely useless; men's lives were wantonly sacrificed by thousands; Poland was lost and Russia could not help to save Roumania. At home, government munition factories worked only half-time, though there was plenty of raw material; the people went hungry though Russia has accumulated immense supplies of food since her enemies have closed off all her avenues of export. The Zemstvos came to the rescue. Founded in 1864, after the emancipation of the serfs, to be a connecting link between small communal groups and provincial governments, the Zemstvo is composed of all classes. Its endeavors can be made nugatory by the provincial governors, but it represents the instinctively democratic, self-governing spirit of the people. When war broke out, it organized vigorously over the whole country and offered its services to the government. These were scornfully rejected but were later accepted as the failures and treachery of the ministers were aired by courageous members of the Duma. The soldiers, now well cared-for by the people themselves, refused to fire on workers striking for food in Petrograd in the early days of March, but shot their officers instead. Regiment after regiment revolted and routed the police, who were set upon them. The Duma, against the order of the Czar, met, and knowing the army, the people and,



many nobles were with them, proclaimed a provisional government until a constituent assembly, elected by the people, including women, should decide Russia's future government. Ten ministers were chosen, as expert and patriotic as any similar group in the world. They forced the Czar to abdicate, making him, his family, and entourage prisoners; they imprisoned the reactionary ministers and officials; they freed political prisoners, sending a special escort to Siberia for Mme. Breschkovsky, the noble "grandmother of the revolution;" they gave the persecuted Poles and Jews equal rights; they restored the constitution to Finland; they abolished the death penalty; they made themselves responsible for the old government's financial obligations; and they promised the Allies to prosecute the war vigorously to victory. The populace, the army, distant cities and provinces, and the leading nations of the world (the United States first) have recognized and joyfully acclaimed this new Russia as one of the republics of the world.

**WAR DECLARED.** The President cannot declare war; that power belongs to Congress. The President, therefore, called the new Congress, elected last November, into extraordinary session, April 2, to deal with the problem of impending war. At 8.30 p.m. of the opening day, before a joint session of both Houses, the Justices of the Supreme Court, and distinguished visitors, President Wilson read a world-famous message, stating that war already existed between Germany and the United States and asking Congress to declare it and to make all necessary preparations. He said that vessels of every kind, even hospital ships and relief ships to Belgium had been ruthlessly sunk; that the German warfare is one "against mankind;" that American lives had been taken; that "we will not choose the path of submission and suffer the most sacred rights of our nation—to be ignored and violated;" that the war has been "thrust upon us;" that "we have no quarrel with the German people" but with the Prussian autocracy, which "could never be our friend" with its intrigues, which no free people would endure; that "we have no selfish ends to serve;" that we fight "for democracy" and for the principles that gave America birth. A resolution, declaring that a state of war exists and authorizing the President to employ all the resources of the Government to bring it to a successful termination, was passed by large majorities in both Houses and was signed by the President on April 6. The same day he issued a proclamation of war, appealing to the loyalty of all American citizens and enjoining all resident Germans to preserve peace. The mobilization of the navy to full strength was at once ordered and one hundred German merchantmen in American ports were seized. Congress bent to its task of a war budget and all other necessary preparations.

# THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

## NURSING SERVICE: INFORMATION FOR APPLICANTS

A new circular, No. 150, has just been issued which supersedes Form No. 12, and as it is desirable that nurses should understand its provisions, it is reproduced here, as far as space allows.

The term "Red Cross Nursing Service" includes the National Committee, State and Local Committees on Nursing Service, and such other committees as it may deem necessary to appoint, all enrolled Red Cross nurses including members of the Town and Country Nursing Service, enrolled dietitians, sisterhoods, and other orders, when assigned to duty under the Red Cross, and women volunteers selected for hospital service or other duties relating to the care of the sick.

All nurses employed by Chapters, other Red Cross organizations or affiliated Societies authorized to use the Red Cross insignia, must be enrolled Red Cross nurses and subject to the regulations of the Nursing Service.

All Red Cross courses of instruction, except those in First Aid and Accident Prevention, are under the control of the Red Cross Nursing Service.

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While one of the most important duties of the Red Cross is to maintain at all times an adequate enrollment of nurses for service in the event of war, the rapid development of various peace activities under the Nursing Service has made it desirable to enroll nurses with special qualifications who might not be available for war duty.

Certain exceptions to the usual requirements for enrollment will therefore be made, as in the case of nurses selected for committee work, those willing to act as Instructors and Examiners of Red Cross classes and candidates for public health nursing under the Town and Country Nursing Service.

The minimum requirements for enrollment except when otherwise indicated are as follows:

### *1. Nursing Education:*

To be eligible for enrollment, an applicant must be a graduate of a school for nurses giving at least a two years' course of training in a general hospital which includes the care of men and has a daily average of at least fifty patients during the applicant's training. Graduates of hospitals for the insane are not eligible for enrollment unless their experience includes at least nine months' training in a general hospital, either during their course of training or subsequent thereto. Upon recommendation of the Local Committee, subsequent hospital experience or post-graduate training which supplies deficiencies of training, may be accepted as an equivalent by the National Committee.

## 2. Registration:

In states where registration is provided for by law, an applicant, to be eligible for enrollment, must be registered.

## 3. Age Limits:

Applicants must be at least twenty-five and not over forty years of age. Exceptions to this requirement may be made by the National Committee for those enrolling for public health nursing and other special services under the Red Cross.

## 4. Personal Interview:

An applicant may, at the discretion of a Local Committee, be required to give a personal interview with a member of the Committee or some one appointed by it.

## 5. Essay:

An applicant is also required to send in with her application paper an essay on a blank form furnished by the Local Committee for this purpose.

Exceptions to this requirement may be made by the National Committee for those enrolling for special services (see paragraph 19).

## 6. Photographs:

In view of the fact that photographs might be required for passports in case of foreign service, it is desirable that three small, unmounted photographs be forwarded to the Local Committee with application blanks. This is not, however, compulsory.

## 7. Indorsement:

An applicant must be a member of an organization affiliated with the American Nurses' Association and indorsed by the Executive Committee, or by at least two officers of such organization. She must also be indorsed by the present Superintendent of the training school from which she was graduated or the one under whom she trained. Her application must be approved by the Local Committee on Red Cross Nursing Service and before being forwarded to Washington must be indorsed by at least two members of the Local Committee. Final decision in regard to all applicants rests with the National Committee on Red Cross Nursing Service and application blanks must be indorsed by the Chairman of the National Committee or a member of the Committee designated by her.

## 8. Appointment card, badge and pendant:

Approved applicants for enrollment will receive an appointment card and badge bearing the same number, record of which will be kept on file both by the Local Committee and the National Committee. The badge and card will remain, at all times, the property of the American Red Cross, and in case of death, resignation or annulment of appointment, both badge and card should be returned to the National Committee. The use of the badge is protected by Act of Congress, and must not be worn by any other than the person to whom it is issued. Duplicate badges to replace those lost or destroyed will be issued on a written statement of the nurse and the payment of \$1.00.

When in uniform the Red Cross badge should be worn to fasten the collar in front. When not in uniform it may be worn on the left side about 3 inches below line of neck band.

Members of the Town and Country Nursing Service will be given a pendant

instead of a badge. This pendant remains at all times the property of the Red Cross and must be returned when connection with the Service ceases.

Upon recommendation of the Director of the Town and Country Nursing Service, those desiring to do so may continue as enrolled nurses on call for other Red Cross service and a badge will be issued in exchange for the pendant, subject to the above conditions.

*9. Assignment to duty:*

Under the direction of the National Committee, the Director of the Nursing Service and the Director of the Town and Country Nursing Service are responsible for the assignment to duty of the members of the Nursing Service who come under their respective Bureaus. (See paragraph 22).

*10. Physical Examination:*

Nurses need not take a physical examination at the time of enrollment unless especially requested to do so. They may, however, be required to submit certificates of health and immunity from typhoid fever and small pox before assignment to active duty when the nature of the service renders it desirable. Blank forms will be supplied for this purpose, and the examination and treatment will be given without expense to nurses by a physician approved by the National or Local Committee on Red Cross Nursing Service.

*11. Uniform:*

Unless otherwise specified, Red Cross nurses, when called upon for active service under the Red Cross, will be allowed to wear a white uniform. Caps and brassards will be supplied by the Red Cross at time of assignment to duty. In the event of war the Red Cross will provide all nurses called upon for active service with a blue cape bearing the insignia of the Red Cross. Nurses are not allowed to wear any portion of the Red Cross uniform except when assigned to active service. Capes, caps and brassards are to be returned to the Red Cross upon termination of appointment.

Members of the Town and Country Nursing Service wear a blue uniform including a coat and hat, which they are expected to provide. A fully equipped bag is usually provided for their use by the organizations employing them.

Patterns and specifications for uniforms will be supplied by the Red Cross.

The Red Cross has adopted a by-law protecting the uniforms of its personnel. Red Cross nurses' uniforms must not be worn for advertising purposes, such as during the sale of Christmas seals, at entertainments, or for any other purpose than active service when assigned to duty by the proper authorities.

*12. Response to Call:*

Members of the Town and Country Nursing Service, and those enrolled for special duties, are not expected to respond to a call for other service, but are not debarred from volunteering. Should the United States be involved in war, all Red Cross nurses, with the exceptions above indicated, are expected to report at once to their respective local Committees, stating for which of the following services they are available:

- (a) In their own locality.
- (b) Anywhere in the United States.
- (c) Wherever needed.

They should specify the approximate date on which they will be able to accept appointment for the service indicated, after which time they should be in readiness for duty.

If called upon for service in time of war, nurses would be required to take the oath of allegiance specified in Army Regulations.

"Oath: . . . . ., of . . . . . in the County of . . . . . and State of . . . . ., do solemnly . . . . . that I will support and defend the Constitution of the United States against all enemies, Foreign and Domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."

The above oath does not affect the citizenship of the nurse but is operative during the period of her employment in time of war.

Nurses need not respond to a call for service in connection with Red Cross relief work in time of peace, when such response would seriously interfere with duties already assumed.

#### 13. Compensation:

Enrolled Red Cross nurses receive no compensation except when on active duty. When called upon to act as the reserve for the Army and Navy Nurse Corps they will receive the pay provided by law for said corps, namely, \$50.00 a month in the United States and \$60.00 a month elsewhere, plus maintenance and travelling expenses. Chief nurses may receive additional salary.

\* \* \* \*

#### 14. Magazine and Membership:

The Red Cross has provided in its by-laws that all enrolled nurses shall automatically become members of the American Red Cross. *The Red Cross Magazine* will be sent upon request for an annual fee of two dollars (\$2.00). This magazine, published monthly, is the official organ of the Red Cross, and contains information in regard to the work of the Red Cross in this country and abroad.

#### 15. Bulletin:

"The Red Cross Public Health Nurse," a bulletin published at frequent intervals, is sent to appointed nurses and members of affiliated organizations, as a medium of mutual helpfulness between nurses and nursing organizations. It serves as the official organ of the Town and Country Nursing Service.

#### 16. Change of address:

Each enrolled nurse is expected to report to her Local Committee in April and October on cards which will be supplied for this purpose, giving address for the coming six months, telephone number and stating whether available for duty. Any change of name or permanent address in the intervals should also be reported to the Secretary of the Local Committee. The Local Committee will forward to the Chairman of the National Committee, Washington, D. C., the names of all nurses who fail to respond for two consecutive years with the recommendation that they be dropped from the list of enrolled nurses. They will be expected to return their appointment card and badge upon request.

#### 17. Resignation:

Enrolled Red Cross nurses, except those assigned to duty under the Town and Country Nursing Service, may resign, but should do so in writing, to the Secretary of the Local Committee and to the Chairman of the National Committee.

For procedure regarding release from the Town and Country Nursing Service, see paragraph No. 22.



*18. Annulment of appointment:*

The appointment of an enrolled nurse may be annulled by the National Committee for any cause deemed by it to be sufficient. An appointment may also be annulled by the National Committee upon the recommendation of a two-thirds vote of the Local Committee. The nurse will be given ample notice of the Local Committee's contemplated action and an opportunity to appear in her own behalf. A full statement concerning the case will accompany the recommendation to the National Committee.

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Nurses desiring to enroll for Red Cross service should apply to the Secretary of the nearest Local Committee for the necessary application blanks, which should be filled out in the applicant's handwriting and returned to the Secretary.

Those desiring to enroll for the Town and Country Nursing Service and those desiring general information regarding Red Cross work should apply directly to the CHAIRMAN, NATIONAL COMMITTEE ON NURSING SERVICE, AMERICAN RED CROSS, WASHINGTON, D. C.

*Members of the national committee on Red Cross Nursing Service representing the  
National Organizations of Nurses*

Anna C. Maxwell, New York City.	Anne H. Strong, Boston, Mass.
Mary E. Gladwin, Akron, Ohio.	Georgia M. Nevins, Washington, D. C.
Mrs. Frederick M. Tice, Chicago, Ill.	Elizabeth S. Fox, Washington, D. C.
Lillian D. Wald, New York City.	Harriet L. Leete, Cleveland, Ohio.
M. Adelaide Nutting, New York City.	Alma E. Wrigley, Los Angeles, Cal.
Amy M. Hilliard, New York City.	Carrie M. Hall, Boston, Mass.
Susan C. Francis, Philadelphia, Pa.	Lucia L. Jacquith, Worcester, Mass.
Louise M. Powell, Minneapolis, Minn.	Anna C. Jammé, Sacramento, Cal.
Jane E. Nash, Baltimore, Md.	Menia S. Tye, Ft. Smith, Ark.
Julia C. Stimson, St. Louis, Mo.	Emma L. Wall, New Orleans, La.
Emma M. Nichols, Boston, Mass.	Mathild H. Krueger, Menomonie, Wis.
Dora E. Thompson, Washington, D. C.	Agnes G. Deans, Detroit, Mich.
Lenah H. Higbee, Washington, D. C.	Mary C. Wheeler, Chicago, Ill.
Ella Phillips Crandall, New York City.	Ethel S. Parsons, San Antonio, Texas.
Anna L. Reutinger, New York City.	

Bureau of Nursing Service, Clara D. Noyes, *Director*.

Bureau of Town and Country Nursing Service, Fannie F. Clement, *Director*.



## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

The glorious news of the successful Russian revolution brings vivid recollections of two past triennials of the International Council of Nurses—one in fair France in 1907, the other in the medieval Town Hall of Cologne. At the former we met Madame Mannerheim, stately daughter of the old Northern gods, who was the leader of modern nursing organization in Finland and superintendent of the chief hospital in Helsingfors. Driving home one day with Miss Nutting and me, she told us breath-taking tales of the silent strike of a nation and the dark cloud that hung over its destinies. From that day until now the cloud has grown blacker, and no friendly letter from this side dared speak of our sympathy because of the Czar's "long arm."

In Cologne, we met in 1912:—Madame Mannerheim could not come herself, but a group of her nurses came. They had to come as individuals, for no Finnish organization could appear as such on our printed programme. They were splendid women, and keen-witted enough to detect the spy in strangers who spoke to them, asked where they were from, and when they said "Finland" retorted, "There is no Finland. There is only Russia."

Now, history unrolling before our eyes, shows a strong influence upholding the Russian autocracy to have come from that land where we were being so genially entertained. Verily autocracy knows no country and is as horrible in one as in another. May its fall in Russia be followed by its fall in other corners of the earth as well! War is a great boomerang, and brings many things to pass which its chief upholders most dread and oppose:—witness the marvellous advance of women now taking place in all the warring countries, an advance that the reactionaries of each would no more have dreamed of permitting than they would have cut off their own heads, had not the world cataclysm run away with them.

From the standpoint of those who laud and magnify war this only emphasizes anew its terrible stupidity, as it brings the reverse of what they wish for. For those who see the benefits that, in the long run, democratic movements indirectly gain, there is only the vast commiseration of pity for men who will learn only in so terrible a school, the lessons that are always open to their eyes to learn.

Another item in the papers recalls our international meetings. Coucy-le-Chateau, one of the most enchanting spots in France, has been destroyed. There, after the convention was over, three semi-invalided, wearied delegates were entertained so hospitably and delightfully by Edmond Kelly and his sweet Canadian wife, who was a trained nurse, that I am sure none can ever forget it. One of the three was Sister Agnes Karll.

We had hoped that this spring might see the arrangements begun for an international council meeting to be held in the United States as soon as the war is over. But now, apparently, the opportunity is as dubious as ever.

Speaking of revolutionaries, one must always be thankful for the spirit of the Irish nurses in their public and professional affairs. In the contest going on in Great Britain over the constitution of the proposed College of Nursing, the Irish nurses have spoken out as a united body, as their wont is in important crises, and have issued a series of questions, most searching and keen they are too, and have declared their objections and principles in a most splendid way, which is an example to every national association in the nursing profession.

As well as can be made out on this side, this new scheme, *so far*, seems to be mainly another attempt to tie up the whole nursing profession of England in the grip of the employers and hospital governors. If it evolves differently it will be because of the determined resistance of the clear-sighted ones, who are led—need we say, by those faithful watchers and workers, those untiring dynamos of human energy, Mrs. Fenwick and Miss Breay.

The Annual Report of the Matrons' Council of Great Britain and Ireland for 1916, which has just reached this country, shows that its members carried the following resolution early in the year: "That this meeting of the Matrons' Council of Great Britain and Ireland desires at the earliest possible date to enter a protest against the Constitution of The College of Nursing, Ltd."

I. Because as professional women, they strongly protest against any one person nominating a governing body for the nursing profession.

II. Because the Council of the College is of an autocratic nature, calculated to deprive certificated nurses of their rightful independence.

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators:* BESSIE B. RANDALL, R.N., AND ELIZABETH GREGG, R.N.

**AFTER-CARE OF INFANTILE PARALYSIS CASES.**—Three visiting nurse associations are represented in the March class being held at the Children's Hospital in Boston, under Doctor Lovett's direction, for the training of nurses and other qualified students in the after-care of infantile paralysis patients. The Philadelphia, Boston and Chicago Visiting Nurse Associations have sent nurses to take this course, in order that each may have properly equipped and qualified nurses on its staff to direct the work for their after-care cases.

The Chicago Association has also had a special course of twenty lessons for five staff nurses and the nurse in charge of the Out-Patient Department at St. Luke's Hospital, where the class was held, and it now has a special group of three nurses who are taking care of all of the cases from last summer's epidemic, requiring home supervision, instruction and nursing care. A motor car has been given the nurses of the Chicago Visiting Nurse Association, in order to decrease the distances between their calls and to assist them in getting these patients to special weekly clinics. Chicago had a comparatively small number of cases in the summer of 1916, not quite three hundred, but the Visiting Nurse Association wants to make sure that the two hundred or more cases in need of care, will receive the proper sort of attention, and it also wishes to be prepared to give better service to victims of previous attacks of the disease. It is not anxious to prepare for another epidemic, but if it should come, there will be nurses in Chicago who have had special preparation and training to handle the nursing after-care of these cases.

Nursing after-care of infantile paralysis cases brings up the whole big subject of the nursing of crippled children. The nurse who has never had good orthopedic training seldom realizes how specialized and important this sort of nursing care is, but the crippled children who receive attention at the hands of a nurse specially trained in orthopedics, and who then perhaps fall into the hands of a nurse who thinks of a crippled child as simply another surgical case, very quickly notices the difference in the treatment. Visiting nurses have always cared for crippled children in their homes when no institutional pro-

vision could be made or was needed for them, but with the exception of the Brooklyn Visiting Nurse Association, few associations seem to have thought that special training in the care of most crippled children was absolutely essential if the patients were going to get much benefit from home supervision and treatment.

**CASE HISTORIES.**—About 52 per cent of the patients of the Chicago Visiting Nurse Association, whose names pass through the clearing house of the Social Service Bureau, are not known to any agencies in the city other than the Visiting Nurse Association. All of the free patients are thus registered. Patients who pay the full charge for the association's services or for whom this charge is paid, are not registered unless they are in need of other than medical relief, when they are cleared in the usual manner. Occasionally visiting nurses underestimate the enormous value of registration of their cases. The Social Service Registration Clearing House is not a detective agency, its aim is not to weed out impostors; its primary service to the community is to prevent confusion of plans and over-lapping of efforts on the part of the various interested social workers, whether medical or otherwise. The detection of impostors is a very small part of its usefulness. Naturally a visiting nurse association family in need of material relief and found to be registered with no other agency in the city, is probably in straightened circumstances for the first time and needs much more thoughtful, careful planning and probably more generous and immediate relief than a visiting nurse association family registered with from four to ten other agencies. In the first case, the question naturally arises whether it is best to get this relief immediately from a private or a public agency, or to get it more slowly from relatives or friends. Busy nurses in cities where private relief agencies are well established seldom have time to secure this relief for their patients, nor is it wise that they should do so, but in referring such families to any relief agency for the first time, the nurse should emphasize the fact that to her knowledge, it is the first time relief of any sort has been needed and that the family requires pretty careful handling. If a nurse does not use registration where it exists, she may make the same mistake that many other workers make, of thinking that a family claiming never to have received relief before, never has received it, and she may find later that she has asked for relief unwisely for a family known to a good many other agencies as well as to her own. She may also, by her interference with the plans of some other agency, of whose worker the family has told her nothing, upset plans that would have been of lasting benefit to the family in question, just as other workers sometimes upset her plans for her families by neglecting to consult her before taking some radical action. We cannot expect intelligent coöpera-

tion from most of our patients and their families. Coöperation implies understanding and intelligence, and many of our families would not require our services if they were thus endowed, but surely the nurse can both expect and give coöperation when her work with families touches that of other workers. The following case histories illustrate four types of visiting nurse families. These cases happen to be handled in Chicago, but they are fairly typical of any community. In each case, use of the Registration Bureau brought out most interesting details in regard to the family circumstances.

Friedman, Allen (30 years) and Mary (22 years); 4 children, oldest 4 years, youngest 3 weeks. Mrs. Friedman was delivered at the W——Hospital three weeks before the visiting nurse received the call. A few days after leaving the hospital, a slight discharge from the baby's right eye was noticed. The case was referred to the visiting nurse by a neighbor. The baby was taken to a nearby dispensary and boric irrigations, 2 per cent solution, were ordered, every two hours. The visiting nurse saw the case twice a day for three days; the mother gave the other treatments and gave them skillfully and well. The trouble cleared up in very short order, leaving the eye absolutely unaffected. Before the case was dismissed, however, the husband was injured by falling from his team. Both legs were broken below the knees. He was taken to a hospital where he remained for two weeks, coming home then on crutches, with both legs in casts. The family was in straightened circumstances, but as Mr. Friedman carried an accident insurance policy, they received \$7 a week until he was able to return to work. There was nothing for the visiting nurse to do for the husband, but the baby and one child were in a delicate condition. The case was kept on the books in order that their diet might be supervised and the mother watched. The husband and wife seemed to have many domestic difficulties, but it proved to be because the wife was a very untidy housekeeper and the man had always been used to farm life and did not seem able to adjust himself to city conditions. As he was strong, young, and willing to work, he easily obtained positions as teamster, but never held any of them very long. When he was able to return to work, the visiting nurse advised him to go to the State Employment Agency and ask about farm work outside of the city. His first inquiry met with success and within a week or two the entire family was moved to a farm in Wisconsin, where Mr. Friedman was eventually put in charge. The last report, a postcard to the visiting nurse, said that the family was on its feet and doing well and that both the baby and the other child were in very good condition. This family was not registered with any other agency in the city, with the exception of the dispensary where the baby's eyes were treated, and with the Visiting Nurse Association.



Van Shack, John (32 years, laborer, earning \$12 a week) and Mary (31 years). There are three minor children: David, 6 years; Edith, 5 years; Annie, 3 years. The family lives in a six-room cottage, heavily mortgaged, but is paying no rent. The Visiting Nurse Association has registered the family twenty-two times since January, 1913, as follows:

1/24/13- 3/ 8/13	4 visits, Edith—Tonsillitis, gripe.
4/14/13- 4/23/13	5 visits, Annie—Bronchitis.
5/12/13- 6/19/13	11 visits, Edith—Cold.
1/ 6/14- 1/24/14	2 visits, Edith—Intestinal trouble. Dismissed, improved.
3/ 7/14- 3/ 7/14	1 visit, Edith—Intestinal trouble, improved.
4/18/14- 4/24/14	5 visits, Edith—Chickenpox, improved.
4/20/14- 4/24/14	4 visits, David—Chickenpox, improved.
7/ 7/14- 7/ 9/14	3 visits, David—Tonsillitis, improved.
7/25/14-	3 visits, Annie—Tonsillitis, improved.
11/ 9/14-	3 visits, Annie—Tonsillitis, improved.
11/30/14-	8 visits, Annie—Pneumonia, recovered.
1/25/15- 2/ 3/15	7 visits, David—Lobar pneumonia, recovered.
3/15/15- 3/23/15	7 visits, Mary—Bronchitis, recovered.
5/ 3/15- 6/11/15	5 visits, Mary—Tonsillitis, improved.
5/28/15- 6/15/15	11 visits, David—Measles, improved.
6/10/15- 6/19/15	6 visits, Annie—Pneumonia, improved.
1/ 7/16-	10 visits, Mary—Lobar pneumonia, improved.
4/15/16- 6/21/16	27 visits, Mary—Myocarditis, improved.
6/16/16- 7/24/16	8 visits, Edith—Scarlet fever, improved.
8/ 1/16- 8/ 4/16	3 visits, Annie—Nephritis, following scarlet fever, improved.
12/ 2/16-12/ 9/16	2 visits, Annie—Undiagnosed, improved.
1/15/17- 1/25/17	8 visits, Mary—Pleurisy, improved.

During the period that we have known the family, the mother has had two serious major operations, for the first of which the family went into debt more than \$300. The second was performed free of charge, but as it was done in a small private hospital, three weeks' hospital care had to be met. In addition to this surgical work, we knew that the mother had bad tonsils and needed to have them removed, and three times we made arrangements to get her into a free bed but had to break the appointments because of attacks of acute tonsillitis. Finally, however, her tonsils were removed. A year ago she had pneumonia, last January she had pleurisy. We have not succeeded in getting a positive diagnosis of further pulmonary trouble, although she is considered a suspected case of tuberculosis and is being watched as such. She is also a nervous wreck, which is not to be wondered at, considering the amount of illness she, herself, has been through and the amount of illness in the family.

*(To be continued.)*



## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

*Collaborators:* ADDA ELDREDGE, R. N., LAURA E. COLEMAN, R. N.

Anyone, nurse, mother or other, who has charge of the preparation of milk modifications will contribute greatly to her own convenience by assembling the directions in the following article in the form of recipes to be either carried about with her or framed and hung on the wall in the vicinity of the work table where the modifications are made. Portions of this article were published in the *Modern Hospital* three years ago.

### PREPARATION OF MILK MODIFICATIONS

BY HENRY F. KEEVER, M.D.

*Newton Lower Falls, Massachusetts*

In order to understand why we must dilute cow's milk before feeding it to infants, we must compare the relative constituents of human milk and cow's milk. Milk is made up of fats, sugar, proteid, water, and salts. For our purpose we can disregard the last two elements and compare the first three, fats, sugar, and proteid. Human milk contains 4 per cent fat, 7 per cent sugar, and 1.50 per cent of proteid. Cow's milk contains 4 per cent fat, 4.50 per cent sugar and 3.20 per cent proteid. Comparing these, element for element, we find that the percentage of fat is the same. The fats in cow's milk are, however, more volatile than in human milk and therefore less easily assimilated. Human milk contains 2.50 per cent more sugar (lactose) than cow's milk. The greatest difference is in the proteid, and here we find a marked quantitative and qualitative difference. Human milk contains 1.50 per cent proteid; cow's milk, 3.20 per cent proteid. This quantitative difference is still further marked by the fact that human proteid consists of  $\frac{1}{3}$  casein and  $\frac{2}{3}$  whey, while cow's proteid consists of  $\frac{2}{3}$  casein and  $\frac{1}{3}$  whey. As the whey is the easily digested part of the proteid, it is readily seen that the proteid content of human milk is far more easily assimilated than the proteid of cow's milk.

The usual milk modification is made of cream, skim milk, water, or

barley water as a diluent, and milk sugar. Creams vary according to the percentage of fat they contain. Gravity cream, that is, the top of the bottle to the cream line, usually the top six ounces in a quart bottle, contains 16 per cent fat. Centrifugal cream contains 32 per cent fat. It is important for the nurse to know the percentage of cream to be used, and this is usually stated by the doctor. There are three methods of obtaining cream: (1) Pouring off the top, 4, 6, or 8 ounces, (2) dipping; (3) siphonage.

Of these three, probably the latter is the more accurate, though the first is the simplest. It is well to remember that after a quart of milk has stood four hours, the top 4 ounces contains 20 per cent fat; the top 6 ounces, 16 per cent fat; the top 8 ounces, 12 per cent fat; and the top 11 ounces, 10 per cent fat.

The bottom 8 ounces of the jar equals fat free milk (skim milk).

**In siphoning milk:**

The first	§ VIII	drawn.....	equals fat free milk
The next	§ XIII	drawn.....	equals middle milk
The last	§ XI	drawn.....	equals 10 per cent cream
The last	§ VIII	drawn.....	equals 12 per cent cream
The last	§ VI	drawn.....	equals 16 per cent cream
The last	§ IV	drawn.....	equals 20 per cent cream

If more cream is needed than can be drawn from one bottle, the same quantity of the per cent required should be drawn from several bottles and thoroughly mixed before using.

*Example.* If § XVIII of a 10 per cent cream is required, syphon § XI of 10 per cent cream from each of two quart bottles. Mix the two creams and take § XVIII of the mixture.

In the preparation of the formula, the water should be boiled and cooled before adding to the milk. If boiling water is added to milk, it scalds it and ultimately tends to produce scorbutus. All solutions must also be cooled before adding to the milk.

The milk sugar should be put in solution in about 2 ounces of boiling water, as it is much more soluble in hot water. After the formula has been prepared, it should be placed in the separate feeding bottles, stoppered with cotton plugs, and put on ice. The nipples should be kept in a saturated solution of boric acid and boiled once a day.

One of the most commonly used diluents in the preparation of formulas is barley water. It is made as follows: 1 ounce barley flour to 1 quart of water. Boil twenty minutes in a double boiler, strain, add enough water to make a quart. This makes a 1.50 per cent solution. The advantages of barley water are:

1. It helps to break up the casein curds in the stomach.

2. It adds to the food value of the mixture. Babies ordinarily do not possess the ability to digest starch until the fifth or sixth month.

Whey is one of the most easily digested milk products, and often is assimilated easily when other foods cannot be tolerated. Its food value is relatively low, containing no fat, 5 per cent sugar, and 0.9 per cent of proteid.

Whey is sometimes made with junket tablets as follows: After the milk has set with junket tablets according to directions on package, break up with a fork and strain three times through linen. What goes through is whey. Then heat whey to 158° to prevent curdling.

In making whey-cream mixtures the whey must be heated to 155°F. and then cooled before adding the cream. Heating the whey destroys the rennin ferment.

Whey is made by adding 4 teaspoons liquid rennet (essence of pepsin) to 1 quart skim milk; heat to 105°F.; let stand until the curd forms; break up the curd with a fork and strain several times through a napkin; heat to 155°F. to destroy the enzymes. If this is not done, and cream is added to the whey, the cream will curdle. One quart of skim milk will make about 24 ounces of whey.

Albumen water is sometimes used as a diluent and is made as follows: Water, 4 ounces, (104°F.), added to white of one egg, stir with a knife and strain.

Lime water is added to milk modifications to delay stomach digestion, causing most of the food to be digested in the intestines. In certain cases, rendering the stomach reaction alkaline lessens the vomiting, gas, and colic.

In those cases where it is considered desirable to pasteurize the milk, it may be done as follows: Heat to 140°F.; hold at this temperature for twenty minutes; place on ice. Pasteurization at this temperature kills the pathogenic bacteria, but does not destroy the enzymes, which are needed for digestion.

To peptonize the baby's milk use one tube of peptonizing powder (Fairchild's) dissolved in 8 ounces of warm water. Put 1 dram in each of eight feedings, ten minutes before feeding, and heat to 105° for ten minutes. Use at once. Prolonged heating tends to make the milk bitter.

If it is desired to sterilize the milk, it may be done by bringing it to the boiling point, 212°F., and holding there for five minutes. This process kills certain enzymes which are essential for complete assimilation.

The most common sources of error in making up milk formulas are the following:

1. Contaminated milk. This is especially dangerous in hot weather. All milk for infant feeding should come from tuberculin tested cows in inspected dairies. Absolute cleanliness in respect to hands, utensils, bottles, etc., must be observed in handling the milk.

2. Errors in the fat percentage of cream. One must be sure that the percentage of fat in the cream used is the one that is required. A common error is the belief that the richer the cream the better for the baby.

3. Errors in the fat percentage of milk. All the foregoing figures are based on a 4 per cent fat in whole milk.

Successful feeding of a baby is largely dependent on the nurse. A baby should be fed slowly, twenty minutes to a feeding. It should be fed regularly, at definite intervals, and, if on the bottle, stated amounts. The bottle should always be held, not propped against a towel and the infant left to its own resources. The milk should be heated to 100°F., and should fill the neck of the bottle, so that the infant will not get a mixture of milk and air.

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#### THE FLY IS THE TIE THAT BINDS THE UNHEALTHY TO THE HEALTHY!

The fly has no equal as a germ "carrier;" as many as five hundred million germs have been found in and on the body of a single fly.

It is definitely known that the fly is the "carrier" of the germs of typhoid fever; it is widely believed that it is also the "carrier" of other diseases, including possibly infantile paralysis.

The very presence of a fly is a signal and notification that a house-keeper is uncleanly and inefficient.

Do not wait until the insects begin to pester; anticipate the annoyance.

April, May and June are the best months to conduct an anti-fly campaign.

The farming and suburban districts provide ideal breeding places, and the new born flies do not remain at their birth place but migrate, using railroads and other means of transportation, to towns and cities.

Kill flies and save lives!—*Special Bulletin, The Merchants' Association of New York.*

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVL

**DISSEMINATION OF TYPHOID BY MILK.**—It is stated in *Public Health Reports* that milk may become infected by typhoid bacilli through the same channels as other foods and beverages, and is probably not more exposed to infection than are various other foods; certainly it is less exposed than many vegetables in common use and much less than surface waters. It differs from other vehicles of typhoid infection in affording an excellent medium for the multiplication of typhoid bacilli, whereas in most other vehicles of transmission typhoid bacilli tend under usual conditions to decrease very rapidly.

**SIMPLIFIED SKIN GRAFTING.**—The *Journal of the American Medical Association* in a synopsis of an article in a German contemporary says in this procedure the skin is rinsed with salt solution, then the surface is gone over with a razor, as for shaving, only with a little harder pressure. Fine scrapings of particles of wet skin collect on the razor and form a porridge-like mass which is transferred to the well granulating surface. The first dressing with boric acid salve is left untouched for five or six days. Then the surface is dressed with strong pressure from strips of plaster, and this dressing is left for about a week. By this time the scarcely visible scraps of epithelium have grown to a considerable size. The compressing plaster bandage is renewed two or three times; in about three weeks the healing is practically complete.

**ALCOHOL AND THE NEWBORN CHILD.**—The *Medical Record* in an editorial calls attention to the researches of Dr. J. W. Ballantyne, who recently epitomized them in a paper before the English Society for the study of Inebriety. It asserts that alcoholism in the parent does exert a baleful influence on the germ cells, individually and collectively as the embryo and the fetus. Alcoholism is a danger to antenatal health and a menace to antenatal life at every one of the stages of that existence and through each of the progenitors. Recent attempts have been made to show that epilepsy is sometimes the result of impregnation at the time when both parents were under the influence of alcohol.

**MOBILIZING HOSPITAL RESOURCES.**—It is proposed that the twenty largest hospitals in Manhattan and the Bronx should plan to work together to send medical aid, doctors, nurses and ambulances to any point where help might be needed in case of an accident of overwhelming proportions. Such might occur during the concentration of enormous crowds at congested points in the city during the daily rush hours. Ten thousand injured persons could thus be attended to with little difficulty. In an accident on the water front, the boats of the police



and correction departments could be called on to convey the injured to Bellevue and to Blackwell's Island.

**MEDICAL TRAINING FOR WOMEN.**—The College of Physicians and Surgeons, Columbia University, has decided to open its courses to women. It is proposed to erect a small addition to the present college buildings to provide for the women students for the present.

**FIVE PREVENTABLE DISEASES.**—The *Medical Record* mentions smallpox, which can be prevented by compulsory vaccination and prompt isolation of all cases; malaria, which can be prevented by the destruction of anopheles mosquitoes and their breeding places; bubonic plague, which can be prevented by the complete destruction of rats; Malta fever, which can be prevented by avoiding the milk or meat of goats imported from the Mediterranean countries, or from the endemic center in Texas; hydrophobia, which can be prevented by the long-continued and systematic muzzling of all dogs.

**NEWER TREATMENT FOR IVY POISONING.**—The *New York Medical Journal* recommends a saturated solution of sodium bicarbonate in ice water, applied liberally and constantly to the affected part. It will give prompt relief and possibly a complete cure within twenty-four hours. Apply as early as possible.

**LEUCORRHEA.**—The *Medical Standard* says that astringents merely check the leucorrhœal discharge temporarily, while lactic acid seems to have the power of destroying the cause, probably organisms responsible for the discharge. The average strength is 0.5 per cent, or one part of official lactic acid in 200 of water. In young patients it is wiser to begin with 1 in 500, in stubborn cases 1 in 100 may be used.

**CALORIFIC VALUE OF CUTS OF MEAT.**—The *Weekly Bulletin* of the Newark Department of Health states that there is a popular belief that porterhouse steak and other choice cuts of beef represent the highest form of nourishment to be obtained. In point of fact the food value of brisket, or ribs of beef, as well as mutton and lamb, exceed the much desired tenderloin steak. The protein obtained from a given weight of meat differs very little either with the kind of meat or the cut.

**NURSES AS ANESTHETISTS.**—Dr. Goldwater in the *Modern Hospital* says that as yet the number of court decisions on record is not sufficient to show whether graduate nurses may, with impunity, practice as anesthetists. The opinion of lawyers in New York State is that surgeons may employ women in the capacity named, but in so doing the surgeons assume liability for the result. If the administration of anesthetics is a part of the practice of medicine, anesthetics may be administered only by responsible licensed physicians. If a surgeon choose to employ an anesthetist having no medical qualification, he thereby tacitly assumes full responsibility for and undertakes to control



the anesthesia, the anesthetist being regarded merely as his technical assistant.

**WAR DIET AND ECLAMPSIA.**—A Danish medical journal reporting statistics from the three largest maternities in Berlin shows that eclampsia is comparatively rare at present; at one hospital dropping 75 per cent, at another 66 per cent. In the cases in which it occurred, it was very mild. In one severe case it was shown that the woman's husband, being a diabetic, had secured large extra amounts of meat and butter. It seems that restriction of fat and meat tends to ward off eclampsia.

**REMOVING DRUG STAINS.**—The *Journal of the American Medical Association*, quoting a German contemporary, says to remove stains from skin and linen: for iodine, use ammonia or sodium thiosulphate; for nitrate of silver, wash with a 10 per cent solution of potassium cyanide, or the same strength potassium iodide. The yellow silver iodide spots are removed with sulphurous acid. Ten parts each of mercuric chloride and ammonium chloride in eighty parts water will remove silver nitrate spots from the skin. For resorcin use citric acid. For picric acid, leave the spot in contact with potassium sulphate for one minute, then wash with plenty of soap and water; or apply a paste of carbonate of magnesia to the spot and after a time rub off. For coal tar colors, use spirit of soap.

**PERIODICAL VOMITING IN CHILDREN.**—A German asserts that all that is necessary to check periodical vomiting with the odor of acetone in the breath, is to distend the stomach with warm water. He gives 250 or 300 grams of warmed mineral water. The addition of sugar may induce the child to take it more easily. A liter or two of hot tea injected into the rectum and retained, may answer the same purpose.

**THIRST DAMAGE.**—The *Journal of the American Medical Association*, in a synopsis of a German article, say that healthy babies in the first week of life sometimes present a serious condition of cyanosis and collapse. The child gasps for breath as in acute bronchitis; 100 to 150 grams of tea should be given to drink. The trouble may be due to the drying out of the system for lack of water, in which case the child will be quite well in an hour. Reluctance to nurse even for one day or night may cause an alarming deficiency of necessary fluid.

**SUGAR AS A WOUND DRESSING.**—A German surgeon thinks the value of sugar as a wound dressing is largely due to the powerful osmosis which it sets up. The osmotic current floods the wound with secretions and thus self-cleanses it in the most healing way. Market sugar was found sterile in 89 per cent of the tests. The cleaned and dried wound was covered with a thick layer of sugar and a dry dressing applied, which was renewed daily. The dressing never sticks to the wound.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### A MESSAGE FROM KOREA

DEAR EDITOR: The Christmas verse on the December cover of the JOURNAL is beautiful! Please, by all means, have Miss Scovill's and Miss Pelton's departments kept up. Every page of the JOURNAL is interesting. Our Korean nurses are in their new home for which we are most grateful.

*Seoul.*

E. L. S.

### BATHING OF THE NEW BORN

#### I

DEAR EDITOR: As I have seen no reply to R. E. N.'s question in the February JOURNAL, regarding the daily bath of the newborn, I should like to say that my practice has been to place the baby from the very first in as large a bowl as I could procure. I do not remember that I have had an infected cord or a sore eye in any of 130 recorded cases. Where the doctor has ordered it particularly, of course I have delayed that first bath twenty-four hours. No baby so early treated is ever afraid of water.

*New Jersey.*

"1890"

#### II

DEAR EDITOR: Daily complete immersion is the routine practice in England; daily sponging till the cord is off, our usual practice in the eastern United States. The English claim a cleaner cord or umbilicus with fewer cases of tetanus, while less danger of infection is the argument for sponging. In my experience, either is good. "You pays your money and you takes your choice." In regard to the question of adjustment of charges, in the March issue, I fully agree with your comment on R. N.'s letter, but alas! I have always found it very easy to reduce charges but quite impossible to raise them over the generally-accepted local rates. I think R. N. should have had a definite understanding with her prospective patient in regard to charges when making her engagement. Thus all later unpleasantness would have been avoided. I sincerely hope the new departments are to be permanent.

*Massachusetts.*

L. H.

### WHAT WILL THE NURSE DO AFTER GRADUATION?

DEAR EDITOR: "What am I going to do after I graduate?" is the question that most nurses ask themselves. The private duty field, whether overcrowded or not overcrowded, certainly has a very large number of the type of women absolutely unfitted for that work, but who might be well fitted for some other field of nursing if they could only find the place where they belong. It is the duty of every training school to counsel, advise and direct the student along these lines. Little is said about the different personalities and qualifications necessary

for the different fields of nursing work. Many of the qualifications of the pupil nurse can be learned through careful study, guiding and supervision, during her training, especially during her senior year. After this has been done, the various positions open to nurses can be plainly put before her with suggestions as to how and where to obtain these positions. The young graduate often does not know of these opportunities, but the private field is always at hand and seems most convenient. Consequently we often hear her say, "Oh, I think I'll do private nursing." Until more stress is laid upon this subject we must always expect to find the unfortunate results which come from a nurse attempting to fill a place for which she is entirely unfitted.

*New York.*

H. N.

#### THE PATIENT'S IDEA OF A SUCCESSFUL NURSE

DEAR EDITOR: I was visiting a friend of mine who had been ill with a tubercular trouble, with complications of different kinds, for two years, when the following conversation took place. It seems to me to express so completely and so concisely the real secret of the successful nurse that I want to repeat it for others. "She had the best memory of any one I have ever seen." I looked up in surprise at Miss Adams' remark, for Miss S. had not impressed me as being a particularly brilliant girl, though a very pleasant and efficient nurse. Miss Adams was a woman who in spite of illness and suffering had not allowed her judgment to become warped or biased. Since her illness began she had employed a number of nurses in different states, some of them from the best training schools, and I felt her opinion would be of value to me. "What I mean is," went on Miss Adams, "she remembered the little things which mean so much to a sick person. For instance, I said to her on the receipt of a certain letter, 'Now a week from next Wednesday I want to answer that.' I at once forgot the incident, until, on the day I had mentioned, after I had been made comfortable in the morning, she brought my writing material and asked if I were ready now to write. Then, too, she never forgot to fix my pillows for me exactly as I had expressed a wish to have them arranged the first day she was with me. You cannot know how much it meant to me to know that, no matter what it was, I could depend on her to carry out my wishes if I would at any time express them. It gave me such a rested feeling. She was always so pleasant and cheerful; though not a pretty girl, she always looked so bright and happy that I forgot about the little irritating things that usually annoy me. I always felt that she would be equal to any emergency."

*Colorado.*

I. M.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### AMERICAN NURSES' ASSOCIATION

As this issue of the JOURNAL is in press while the convention is in progress, it is impossible to present any of the convention news now. A short summary of the most important features of the convention will be given in the June number, while July will be made the official report, giving papers read and abstract of discussion and business. Separate copies of this July issue may be ordered in advance for twenty-five cents each.

### NURSES' RELIEF FUND, REPORT FOR MARCH, 1917

#### *Receipts*

Previously acknowledged.....	\$3,538.30
Interest on bonds.....	40.00
Frankford Hospital Alumnae Association, Philadelphia...	5.00
Gisela C. Grohmann, Hartford, Conn.....	1.00
Anna L. McCoy, Lebanon, Pa.....	1.00
Graduate Nurses' Association of Connecticut.....	25.00
Ella A. Lawrence, Brooklyn, N. Y.....	25.00
Genevieve Cooke, San Francisco, Cal.....	10.10
Orange Training School Alumnae Association, Orange, N. J.....	10.00
German Hospital Alumnae Association, New York City.	10.00
Robert B. Pendleton, Los Angeles, Cal.....	1.00
Ella J. Cooper, Rochester, N. Y.....	1.00
Linda C. Baker, Rochester, N. Y.....	2.00
Louisiana State Nurses' Association.....	25.00
Elizabeth Staughter, Trenton, N. J.....	1.00
St. Luke's Training School Alumnae Association, St. Louis, Mo.....	5.00
Kentucky State Association of Graduate Nurses'.....	20.00
Mary L. Staketurn, Corozal, Canal Zone.....	5.00
German Hospital Alumnae Association, Philadelphia....	15.00
Mrs. L. W. Thurman, Womans' Hospital Alumnae As- sociation, Philadelphia.....	1.00
Womans' Hospital Alumnae Association, Philadelphia	
Individual members:	
Nettie W. Guthrie.....	1.00
Jennie M. Shaw.....	1.00
Bertha M. Steer.....	1.00
Anna H. Bently.....	1.00
Anna M. Peters.....	1.00
Margaret E. Scott, Los Angeles, Cal.....	1.00
Ethel A. Fisher, Los Angeles, Cal.....	1.00
Barbara E. Ayers, Los Angeles, Cal.....	1.00

Emily Isabel Elliott, New York City.....	\$1.00
General Hospital Alumnae Association, Boston.....	5.00
Mary Thomas, Los Angeles, Cal.....	1.00
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	\$3,755.40

*Disbursements*

Application approved No. 1, 26th payment.....	\$10.00	
Application approved No. 2, 15th payment.....	5.00	
Application approved No. 5, 11th payment.....	10.00	
Application approved No. 6, 11th payment.....	10.00	
Application approved No. 7, 5th payment.....	15.00	
Application approved No. 9, 2nd payment.....	10.00	
Application approved No. 10, 2nd payment.....	15.00	
Application approved No. 11, 2nd payment.....	10.00	
Union and Advertiser, 1000 copies rules.....	7.50	92.50
April 1, 1917.....		\$3,662.90
13 bonds, par value.....		\$13,000.00
2 certificates of stock.....		2,000.00
Balance April 1, 1917.....		<hr/> \$18,662.90

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address Mrs. William L. Crass, Chairman, Montesano, Wash.

M. LOUISE TWISS, *Treasurer.*

## ARMY NURSE CORPS

*Appointments.*—Dorothy M. Claus, graduate of German Hospital, Buffalo, N. Y.; Nannie A. Morton, General Hospital, Elizabeth, N. J.; Rose E. Fitzgerald, St. Francis Hospital, Hartford, Conn.; Crystal A. Parks, Mercy Hospital, Chicago, Ill.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Matilda E. Anderson, Augustana Hospital, Chicago, Ill.; Sibyl C. Runyon, St. Mary's Hospital, Evansville, Ind.; assigned to duty at the Letterman General Hospital, San Francisco, Calif.

*Re-appointment.*—Ruby E. Nichols, graduate The Sarah Leigh Hospital, Norfolk, Va.; assigned to duty at the Letterman General Hospital, San Francisco, Calif.

*Transfers.*—To Walter Reed General Hospital, Takoma Park, D. C.: Laura C. Heston. To Army General Hospital, Fort Bayard, N. M.: Martha H. Madson, Carrie V. Conkling. To Letterman General Hospital, San Francisco, California: Anna B. Carlson, Agnes M. Combs, Mina S. Keenan, Alice E. Duffy, Nell A. Beardsley, Elizabeth Harding, Helen D. Young, Amelia I. Goodine, Josephine E. Heffernan. To Base Hospital No. 1, Fort Sam Houston, Texas: Agnes F. James, Sayres L. Milliken. To Base Hospital No. 5, Nogales, Arizona: Eletta A. Worcester, Lola Charlton, Anne L. Gallagher, L. Eleanor Langstaff. To Department Hospital, Honolulu, H. T.: Flora Henzel. To Post Hospital, Ft. Mills, P. I.: Ruth Holland, Ada Ingels, Bell Mead. To Department Hospital, Manila, P. I. Elsa E. Ruttkamp, Emma M. Ruttkamp, Vera F. Thomp-



son, Grace E. Canham, Agnes M. Combs, Marian Simmons. To Camp Hospital, Douglas, Ariz. Elizabeth J. Kenny.

*Discharges.*—Elizabeth M. Bannan, Emily S. Hess, May K. Gannett, Emma C. Hepperlen.

*Resignations.*—Bertha E. Buell, Daisy E. Krebs.

#### RESERVE NURSES

*Assignments.*—To Base Hospital No. 1, Fort Sam Houston, Texas, from Birmingham, Ala., Clifford Roberts; from Washington, D.C., Fay G. Butler; from Pittsburgh, Pa., Clara J. Anderson, Matilda M. Steinhauser, Lillie Young, Maud Ferguson, Mary C. Miller, Katherine Edwards, Matilda Saunders, Susanne Clark; from Charlottesville, Va., Isabel F. Grant. To Base Hospital No. 2, Fort Bliss, Texas; from Philadelphia, Pa., Katherine G. Rittman; from Cincinnati, Ohio, Theresa Botts. To Base Hospital No. 3, Brownsville, Texas, from Madison, Wisconsin, Clara E. Schmitt, Frances Hessman. To Base Hospital, No. 4, Eagle Pass, Texas, from Philadelphia, Pa., Mary V. Benton, Bertha G. Blessing, Lizzie Holmes, Ida E. Fretz, Ethel L. Malcolm, Elsie L. Miller, Edith H. Shaw, Isabel Stambaugh, Irene Whitman, Caroline K. Woltemate. To Camp Hospital, Marfa, Texas, from Los Angeles, Calif., Julia M. Adams, Maude Parson; from Pasadena, Calif., Frances B. Chapman, Susie F. Hunt; from Memphis, Tenn., Elinor Shirley, Birdie W. Terrell. To Camp Hospital, McAllen, Texas, from New York, N. Y., Elizabeth M. Horne; from Atlanta, Ga., Harriet O. Johnson, Nell Suggs; from Buffalo, N. Y., Frances M. Welker, Matilda M. Sturtzer, Caroline E. Bill, Elizabeth I. Welsch.

*Transfers.*—To Base Hospital No. 1, Fort Sam Houston, Texas, Hilda Twedton, Ida Twedton, Laura C. Leeder. To Base Hospital No. 2, Fort Bliss, Texas, Lillian C. Fox, Frances A. Long, Laura E. Wilde, Emma Anderson, Edith L. Woods. To Base Hospital No. 5, Nogales, Arizona, Catherine M. Dalton, Ada Lund, Mary A. Law, Augusta Olson. To Camp Hospital, Douglas, Ariz., Margaret W. McGary.

*Relief from active service.*—Isabelle MacMaster, Gertrude G. Willard, Bertha A. Thompson, Charlotte E. Thomas, Margueritta L. Haines, A. Florence Hodgson, Margaret B. Otis, Alma F. Carson, Elizabeth E. O'Keefe, Lula T. Lloyd, Mary E. Noone, Mary Ethel Teague, Sarah B. Corson, Maud F. Mims, Lottie Glazener, Ellen Ada Haydon, Mottie Good, Mary P. Little, Bertha A. Sella, Nellie M. Porter, Josephine Kennedy, Mary M. Miller, Mary Elizabeth O'Donnell, Sylvia Patterson, Mabel Shipley, Mary Florence Tallman, Mary Elizabeth Taylor, Myra R. Hackett, Linda K. Meirs, Lillian C. Fox, Laura E. Wilde, Ethel M. Hanson, Hanna Buchanan, Jenny C. Robertson, Emily L. Jummel, Mae Rowan, Eida E. Petersen, Della M. Currier, Belinda Scanlan, Frances A. Long, Florence Griswold, Catherine Hoffman, Edith G. Becker, Grace C. Hammond, Ruth M. Randall, Elsie Magnus, Clara L. Horn, Cynthia Richardson, Emma L. Dozier, Dora Scheuer, Jessie B. Mallory, Mattie L. Hinson, Vera V. Dunkle, Laura C. Leeder, Teresa A. Stromberg, Marie Williams, Florence Atwell, Katherine Aten, Henrietta Credo, Abbie M. Taber, Cora V. Moore, Ina May Clark, Mabel Firestone.

DORA E. THOMPSON,  
Superintendent, Army Nurse Corps.



## NAVY NURSE CORPS

*Enrollment in the United States Naval Reserve Force*

Legislation establishing the United States Naval Reserve Force was effected in order that there should be definite knowledge of available qualified persons who can be immediately summoned to duty in the Navy in event of a national emergency. It is necessary that nurses who may be required to perform active duty in time of war shall be listed as having been found qualified mentally, morally, professionally and physically. If the active duty is to be performed in a military hospital, it is accepted that more efficient service can be given if the nurses have a general conception and some knowledge of the routine of military establishments. Enrollment in the United States Naval Reserve provides for this "additional training," (the word "training" being used entirely in a military sense) and offers a gratuity, or retainer fee, in recognition of the obligation incurred by the nurse. The government cannot accept free service nor gifts. This retainer fee, which is paid to the nurse upon her enrollment, is in the nature of an insurance in recognition of her obligation to give her services to the Navy in time of war. Enrolled Red Cross nurses can immediately qualify for enrollment in the provisional grade of nurse, United States Naval Reserve Force for this enrollment, provided they are citizens of the United States, unmarried, and between the ages of 22 and 44. In the case of nurses who are not enrolled in the Red Cross, the procedure is simple; the examinations are practical and do not incur any hardship on the nurses. We wish to emphasize the importance of having trained nurses recognize the opportunity of meeting the national emergency in such a way that there will be no reason to fear that the nursing duties in the Hospitals will be performed by other than qualified members of the profession. Circulars have been prepared giving information in detail and can be obtained by making request for the circular to the Chairman Red Cross Nursing Service, Washington, D. C., or to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

*Appointments.*—Isabella Erskine, Arlington, N. J., Christ Hospital, Jersey City, N. J. Navy Nurse Corps 5 years; Kathleen O'Brien, Baltimore, Md., St. Agnes Hospital, Baltimore, Md.; Agnes E. Evon, New York, N. Y., Bishop Memorial House of Mercy Hospital, Pittsfield, Mass.; Myn M. Hoffman, Bradford, Ill., St. Joseph's Hospital, Denver, Colo.; Virginia Rau, Buffalo, N. Y., German Hospital, Buffalo, N. Y., Red Cross Service in Germany one year; Jessie C. Irion, Cincinnati, Ohio, Christ Hospital, Cincinnati, Public Health Work; Hazel G. Maston, Portland, Ore., Good Samaritan Hospital, Cincinnati, Ohio; Clara A. Holes, St. Cloud, Minn., City and County Hospital, St. Paul, Minn., Superintendent of Nurses, Northwestern Hospital, Princeton, Minn.; Ellen E. Drisko, Los Angeles, Calif., Hartford Hospital, Hartford, Conn., Assistant Superintendent, Salem Hospital, Salem, Mass.; Deborah E. Sheldrake, Philadelphia, Pa., J. Lewis Crozer Hospital, Chester, Pa., Municipal Hospital, Philadelphia Pa.; Margaret Hickey, Germantown, Pa., State Hospital, Scranton, Pa., Night Supervisor, Mid Valley Hospital, Peckville, Pa., Supervisor State Hospital, Accident and Dispensary, Supervisor, Womans College Maternity Hospital; Eva L. Buchan, Buffalo, N. Y., Erie County Hospital, Buffalo, Institutional work, Contagious Hospital, Buffalo; Elizabeth S. McCarthy, West Berkeley, Calif., Bellevue Hospital, New York; Anna Sands, Louisville, Ky, Louisville City Hospital, Louisville, Ky; Mary A. Kief, New Orleans, La., Charity Hospital, New Orleans, La., Service

with Red Cross, Eagle Pass, Texas; Elnora Baker, Chicago, Ill., Illinois Training School, Chicago, Ill., Institutional work, Cook County Hospital, Chicago; Elizabeth Roland, Madison, Wis., Madison General Hospital.

*Transfers.*—Elsie Brooke, Washington, D. C.; Susan E. Roller, Annapolis, Md.; Eva B. Moss, Washington, D. C.; Isabella F. Erskine, New York, N. Y.; Kathleen O'Brien, Norfolk, Va.; Adah M. Pendleton, Philadelphia, Pa. Katharine Stein, Philadelphia, Pa.; Agnes E. Evon, Chelsea, Mass.; Myn M. Hoffman, Norfolk, Va.; Hazel G. Maston, Mare Island, Cal.; Jessie C. Irion, Norfolk, Va.; Virginia A. Rau, Newport, R. I.; Clara A. Holes, Newport, R. I.; Ellen E. Drisko, Mare Island, Cal.; Della V. Knight, (Chief Nurse) Las Animas, Colo.; Mary E. Walsh, Las Animas, Colo.; Katherine W. Patterson, Norfolk, Va.; Eva L. Buchan, Newport, R. I.; Elizabeth S. McCarthy, Mare Island, Cal.; Anna E. Sands, Norfolk, Va.; Elnora Baker, Great Lakes; Minnetta F. Mosedale, Chelsea, Mass.; Mabel T. Cooper, Washington, D. C.; Deborah E. Sheldrake, Washington, D. C.; Margaret J. Hickey, Washington, Bessie E. Roland, Great Lakes; Mary J. McCloud, (Acting Chief Nurse) Great Lakes; Mary G. Johnson, Great Lakes; Emma L. Hehir, New York; Addra Webber, Philadelphia, Pa.; Mary A. Kief, Norfolk, Va.; Anna I. Cole, Newport, R. I.

*Honorable discharge.*—Margaret S. Werner; Nellie R. Ferrell.

*Resignations.*—Eleanor Blain; Mary A. Long; Lillian M. Urch; Mamie V. McCullough.

LENAH S. HIGBEE,  
Superintendent Nurse Corps.

THE AMERICAN SCHOOL HYGIENE ASSOCIATION will hold its ninth congress in the Russell Sage Foundation Building, New York City, July 4-8, 1917. Joint sessions will be held with the Child Hygiene Section of the National Education Association and with the American Posture League. Some of the subjects to be considered are: Physical Education and Training; Safety First; The Teacher and Communicable Diseases; Posture; Vision, Lighting and Sanitation; Sanitary Requirements for Rural Schools; School Nursing; Medical Inspection of Schools; Mental Hygiene; Oral Hygiene.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS will hold its annual convention in Cincinnati, Ohio, beginning May 9.

**Alabama: Birmingham.**—THE GRADUATE NURSES' ASSOCIATION OF BIRMINGHAM, at a recent annual meeting, elected the following officers: president, Helen MacLean; vice presidents, Linna H. Denny, Lucile Dugan; secretary-treasurer, Catharine A. Moulitis; recording secretary, Mary Denman. Mary Denman gave a talk on Prison Reform, as presented at the recent Sociological Congress. Bertha Thompson, who has just returned from service on the Border, told of the work at the Base Hospital. Augusta Rother has sailed for Panama.

**California.**—THE BUREAU OF REGISTRATION OF NURSES OF THE STATE BOARD OF HEALTH announces that at its request and with its coöperation, the Department of Public Health offers, during the summer session of the University of California, Berkeley (June 25-August 4) a series of courses for graduate nurses in public health nursing, hospital management and methods of teaching. These courses will be open to other public health workers, also. Among the instructors are Cecilia Evans of Cleveland, and Amy E. Pope.

**District of Columbia.**—THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA held a special meeting on March 29, and revised its by-laws to meet the proposed revision of the American Nurses' Association. Following the business meeting an interesting lecture on Neurasthenia was given by Doctor William Earl Clark.

**Florida.**—THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold examinations in Jacksonville June 4-5, at St. Vincent's Hospital. All applications for examination must be made before May 15, to the secretary, Thirza L. Williams, R.N., 2015 Avenue D. Miami. THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold its annual meeting at Hotel Windle, Jacksonville, on June 27-28, 1917. Thirza L. Williams, R.N., secretary-treasurer.

**Georgia.**—THE GRADUATE NURSES' ASSOCIATION of the state will meet in Americus on May 15-16.

**Illinois: South Chicago.**—THE SOUTH CHICAGO HOSPITAL ALUMNAE ASSOCIATION recently gave a dinner and reception in honor of Sylvia Bell, who had been superintendent of the hospital for over fourteen years. Miss Bell was presented with opera glasses by the alumnae, with a cameo pin and a wardrobe trunk by the directors, staff and members of the Auxiliary. Miss Bell's resignation took effect on March 1, and she is now in California. She has been succeeded by Gertrude Briggs, who has been assistant for eight years. Elizabeth Tucker, a recent graduate, has taken the position of surgical nurse and instructor in the operating room. **Monmouth.**—ELIZABETH PROCTOR, Augustana Hospital, Chicago, has accepted a position as superintendent of the Monmouth Hospital, much to the pleasure of her friends there. **MERLIN WILKIN** Polyclinic Hospital, Chicago, has accepted a position as school nurse. Miss Wilkin has been engaged in social service in Chicago for four years.

**Indiana.**—THE INDIANA STATE BOARD OF REGISTRATION AND EXAMINATION will hold its annual examination, May 16 and 17, in the State Capitol. For information apply to the secretary, Edna Humphrey, Crawfordsville.

**Iowa.**—THE IOWA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual convention in Council Bluffs on June 7 and 8. Mary C. Wheeler of Chicago is expected to speak. The State League of Nursing Education will hold a meeting on June 5. **Des Moines.**—THE DES MOINES REGISTERED NURSES' ASSOCIATION held a regular meeting on April 4. Ways and means for interesting nurses in the meetings were discussed, without definite action. Esther Bunch was elected delegate to the convention of the American Nurses' Association, with Adah Hershey as alternate. THE IOWA METHODIST HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting on April 5. The association voted to send \$25 to the Red Cross, for a life membership. A committee was appointed to plan for a Nurses' Benefit Fund. Lydia McDonald was elected delegate to the convention of the American Nurses' Association. The Red Cross Campaign has resulted in a membership of 7300, with a daily increase. Headquarters are in the Fleming Building and the work of preparing supplies is in charge of Mrs. Elizabeth Neil, a former Red Cross nurse. **Council Bluffs.**—MRS. LEONARD is president of the new visiting nurse association. Bessie Randall has accepted the position as supervisor, and Anita Eggleston, of Omaha, that of visiting nurse. JENNIE B. SUTHERLAND has accepted the position of surgical nurse at Edmundson Memorial Hospital. **Dubuque.**—AGNES MORROW, Finley Hospital, has accepted a position with the Visiting Nurse Association. JOSEPHINE MOORE and her sister, MRS. CATHERYN MONIER of Finley Hospital,

have taken charge of the hospital at Olewein, Ia. EDNA MAHER, St. Joseph's Hospital, Keokuk, has accepted a position at Doctor Cunningham's hospital in Platteville, Wis. MARGARET LYNCH, of St. Joseph's Hospital, Dubuque has accepted a position at Doctor Ewing's hospital in Schullsburg, Wis. JESSIE RAW has been elected delegate to the American Nurses' Association from the Dubuque County Registered Nurses' Association. WILMA HORNBERGER has resigned as superintendent of the Visiting Nurse Association. Burlington.—OLIVE GRABER has been elected delegate to attend the convention of the American Nurses' Association, by the Iowa Association of Registered Nurses. ALICE LANGLAY is teaching the classes in Home Nursing for the Red Cross. Waterloo.—BLACK HAWK COUNTY REGISTERED NURSES' ASSOCIATION held a Red Cross Day on February 21, with Gyda Bates, secretary of the District of Iowa, as guest. Mrs. Crawford was also a guest. She was introduced as the first speaker at the afternoon session, from which all business was omitted. At the close an opportunity was given for asking questions. Miss Bates gave a brief and interesting outline of the history of nursing, saying that the country is in better condition than ever before to care for its wounded in case of war. She spoke of the requirements of Red Cross Nursing Service, and urged the nurses to enroll. Several applications were entered. The association entertained at dinner at the Twining Hotel in honor of Mrs. Crawford and Miss Bates. NELLIE PORTER has returned from service on the Border where she was in charge of one of the Base hospitals, and has resumed her duties as superintendent of Sartori Hospital, Cedar Falls. (Correction.—An item in the March JOURNAL under the heading Sioux City, stated that Dorothea Dorpat was superintendent of Wichita General Hospital, Wichita Falls, Texas. Our correspondent was incorrectly informed, as Miss Dorpat was in charge of a floor, while Carrie Webster is superintendent.—Ed.)

Kentucky.—THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examinations at the City Hospital, Louisville, May 15-16, 1917, beginning at 10 a.m. For further information apply to Flora E. Keen, R.N. secretary, Somerset. THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting, May 31-June 2, at the Woman's Club, Lexington.

Maine: Bangor.—THE MAINE STATE NURSES' ASSOCIATION held its quarterly meeting at Eastern Maine General Hospital on March 22. Following the business meeting, Mr. Tarsliffe, secretary of the Maine Anti-Tuberculosis League, spoke on Public Health Nursing. Edith Soule, chairman of Maine Red Cross Committee, gave a report of the conference held in Washington, and urged the nurses to apply for enrollment.

Maryland.—THE MARYLAND STATE ASSOCIATION OF PUBLIC HEALTH NURSES held its regular monthly meeting at the rooms of the nursing division of the Health Department, on March 19. Margaret Brogden addressed the meeting on Social Service as conducted at Johns Hopkins Hospital; she spoke of its aims, its coöperation with other agencies, and impressed on her hearers the importance of this special branch of usefulness. THE CHURCH HOME AND INFIRMARY ALUMNAE ASSOCIATION held its third annual meeting at the Nurses' Club on March 25. Doctor Thomas S. Cullen gave a lecture on the History of American Surgery which was very interesting to the good number present. JOHNS HOPKINS HOSPITAL ALUMNAE ASSOCIATION held a special meeting at Phipps Psychiatric Building on March 23, with discussion on private duty nursing problems. Great interest was shown. THE STATE LEAGUE OF NURSING EDUCATION met

on March 20 at the Protestant Infirmary. The subjects for the day were Pediatrics, Orthopedics and Ethics. Miss Tyree told of the work at Mt. Wilson, the summer home for sick children. Reports of work done were given from St. Agnes', Mercy, Union Protestant, and Hebrew hospitals. After Miss Lawler's talk on Ethics, it was agreed that it must be taught daily by precept and example as well as by lectures. THE UNIVERSITY OF MARYLAND NURSES' ALUMNAE ASSOCIATION met at the hospital on April 10. Miss Flanagan led a discussion on The Relation of the Alumnae to the Training School and to the Public. The meeting was greatly enjoyed.

**Massachusetts: Boston.**—THE BOSTON CITY NURSES' CLUB held a very successful fair on March 27-28, at the Club Rooms, in aid of its building fund. On March 28, the members had a flag raising, the flag having been bought by them. THE BOSTON CITY HOSPITAL NURSES' CLUB gathered in the amphitheatre on April 3, to hear Dr. Paul F. Butler give an illustrated lecture on his experiences with the Army, on the Mexican Border. A social hour at Vose House followed. On March 21, the members of the Boston Nurses' Club listened to an interesting and instructive lecture on Goitre by Doctor Frank H. Lahey. MASSACHUSETTS GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on March 27, when Ellen T. Emerson spoke on the activities of the Boston Metropolitan Chapter of the Red Cross. THE BOSTON BRANCH OF THE GUILD OF ST. BARNABAS met at Trinity Church on March 28. The address was given by Rev. Reuben Kidner. After the business meeting, Grace Hutchins spoke of her work at the Children's Hospital in China. The Guild pays the salary of Beulah Frederick, the nurse at St. Barnabas Mission, Chena Village, Alaska. The Boston Bee sews for this mission. Miss Frederick has many duties beside those of a nurse to perform. SUFFOLK COUNTY BRANCH OF THE MASSACHUSETTS STATE NURSES' ASSOCIATION held a meeting on March 29. Helen McHugh, class of 1913, Boston City Hospital, told of the organizing of the Private Duty Nurses' League. BRENDA E. MATICE, class of 1896, Boston City Hospital, is in charge at the Third Canadian Casualty Clearing Station, British Expeditionary Force, France. THE DISTRICT NURSING ASSOCIATION held a "Baby Week" beginning April 16, which was a great success. The Stations in large department stores were very central. The show opened at the Health Unit on Blossom Street, in the West End. The District Nursing Association handles about twenty per cent of all the maternity cases in Boston. The Central House, which is the source of all aid and information is at 561 Massachusetts Avenue. E. M. FOREST, class of 1905, New England Baptist Hospital, who has been matron of the Military Sanitarium at Frank, Alberta, Canada, has taken charge of the new military sanitarium at Balfour, British Columbia. This institution has 100 beds, which may be increased to 300 if need should arise. A. L. BOGGS, class of 1906, Baptist Hospital, has been appointed an assistant at Balfour. FANNIE HOWE has resigned from the teaching staff of the Children's Hospital, New York, and will go to Mt. Sinai Hospital to teach hygiene and bacteriology to the probationers. MRS. CHARLOTTE BRIGGS has resigned from the Toledo, Ohio, Hospital, and will take charge of the Methodist Hospital, Hutchinson, Kansas. ON APRIL 12, Doctor Walter B. Swift of the Harvard Medical School, gave an impressive and entertaining talk at the Central Club on How a Nurse's Voice May Help a Patient. MARY BEVAN is assistant to Martha W. Meek, at the Brookline Contagious Hospital. Both nurses are graduates of the Boston City Hospital. ANNIE J.



**HILTON**, Boston City Hospital, has been appointed an instructor in making surgical supplies at the Red Cross Headquarters. **JULIA A. CLARK**, class of 1914, is night supervisor at the Peter Bent Brigham Hospital. **ANNIE S. BARCLAY**, class of 1912, is superintendent of the hospital at Greenfield. **MABELLE S. WELCH**, former superintendent, is taking a course at Columbia University. **Rockland.**—THE NEW ENGLAND BAPTIST HOSPITAL of Boston receives \$1000 by the will of Joseph E. French. (*Correction.* In the March issue, in reporting Doctor Cross's talk, the word "hygienists" should have been used instead of "nurses." Ed.)

**Michigan.**—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold examinations for State Registration in the following places: June 12, 13 and 14, at the Hotel Pantland, Grand Rapids, and on June 19, 20, and 21, at the Hotel Tuller, Detroit. Secretary, Mrs. Mary Staines Foy, R.N., Oakland Building, Lansing. **Grand Rapids.**—THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting at the Pantland Hotel, on May 22-24. **BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION** held a regular meeting at the hospital on March 7, when Miss Roche gave an interesting talk on Prenatal Nursing and Baby Clinic work.

**Minnesota.**—THE MINNESOTA STATE BOARD OF EXAMINERS FOR NURSES will hold the next examinations on April 27 and 28 at the New State Capitol, St. Paul, beginning at 9.00 a.m. The subjects for examination will be as follows: First day, a.m., anatomy and physiology, contagious diseases; p.m., materia medica, obstetrics. Second day, a.m., dietetics, surgery, gynecology; p.m., general medical nursing, hygiene.

**Mississippi: Laurel.**—THE GRADUATE NURSES' ASSOCIATION OF LAUREL has been organized and a directory has been established. The association has fourteen members, representing ten different schools of nursing.

**Nebraska.**—THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold examinations at Omaha and Lincoln, on May 29 and 30. Applications must be filed by May 8. Secretary, Grace V. Bradley, R.N., 511 Brandeis Theatre, Omaha. THE NEBRASKA STATE NURSES' ASSOCIATION held a regular meeting on April 10 at the Lincoln Hotel, Lincoln. The morning session was devoted to routine business and a private duty section. Luncheon was served at the hotel. The afternoon session was opened by a short musical program. Mrs. T. F. A. Williams, of the Department of Sociology of the State University, presented a paper on the District Nurse and the Immigrant. Dr. E. W. Roe spoke on the Mental Care of the Patient, and Doctor Chauncey F. Chapman read a paper on Arrested Diseases and Quarantine Laws. **Omaha.**—DR. J. M. BANNISTER, formerly surgeon in the Army, addressed Red Cross nurses and others at the Central Club and Registry on April 5, speaking of the duties of the Army nurse. **LORD LISTER HOSPITAL ALUMNAE ASSOCIATION** held a meeting at the hospital on April 2, with eighteen members present. There was revision of the by-laws. A social hour followed. **EDNA OWELLS** and **GENEVIEVE McNALLY** are doing school nursing. An excellent feature of visiting nursing will now be possible by the appointment of one of the nurses for tuberculosis work only. Winifred McCoy, who will have charge of this work, has gone to the State Tuberculosis Hospital, at Kearney, for a month of preparation. **ELSA GOLDBERG** has resigned as assistant superintendent of nurses at Clarkson Hospital and has been succeeded by Elsie Butler, a graduate of the school. **Lincoln.**—**GRACE FRENCH**, Green Gables Sanatorium, has succeeded Ruby Nations as nurse in charge of the



X-ray department at the offices of Doctors Welsh, Roe and Lenhoff. Kearney.—ELSA BOYD has resigned as superintendent of nurses at St. Luke's Hospital, North Platte.—THE NORTH PLATTE GENERAL HOSPITAL is taking steps to have its school placed on the accredited list, by the Board of Examiners. LAURENZE SCHAVLAND, Clarkson Hospital, Omaha, is in charge of the hospital. Spencer.—As soon as the weather will permit, ground will be broken to build a new hospital. Spencer is in the extreme northern part of the state and the hospital is patronized by a large territory, extending into South Dakota. The training school connected with the hospital is in charge of Dorothy Tiffany, Samaritan Hospital, Sioux City, Iowa. Beatrice.—THE LUTHERAN HOSPITAL is erecting larger and more modern buildings. Ida Gerding is superintendent. A chapter of the Red Cross has been organized for women, with Miss Gerding in charge. Grace V. Bradley, secretary of the board of nurse examiners, gave a talk on March 21, to the nurses of the training schools. The objects and benefits of state registration were discussed.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION held its fifteenth annual meeting at the Young Women's Christian Association Building in Newark, on April 3. In the absence of the mayor, Judge Greis gave the address of welcome. Reports of standing committees were given by their respective chairmen. Mary Rockhill, in giving the president's address, urged the members to be loyal, and as a result of her appeal, a telegram was sent to President Wilson, expressing the loyalty of the association to the country and its president. Doctor Bunn, chief surgeon of the Essex County Homeopathic Hospital, gave an inspiring and instructive talk on Post-operative Treatment, mentioning especially the invaluable benefit to be derived from the Dakin-Carrel solution for irrigating wounds. Dr. I. M. Rubinow, of New York, explained the importance and advisability of health insurance, and urged cooperation. Helen Stephen, State Chairman of the Red Cross Nursing Service, reported that there were 180 enrolled nurses. Miss Stephen also gave a report of the Red Cross Congress which was held in Washington, in December, and which she attended as delegate. Elizabeth Higbid, chairman of the revision committee, gave a report, and after discussion, it was voted to defer action until the semi-annual meeting in the autumn. The association was opposed to changing the name of the Nurses' Relief Fund. Fifteen individual members and three alumnae associations were admitted into membership. The By-Laws were amended, the change affecting the dates of the annual and the semi-annual meetings: Instead of being held on the first Tuesday in April and November, they will be held on the first Wednesdays of the respective months. Jennie M. Shaw, secretary-treasurer of the State Board of Nurse Examiners, reported that 32 candidates had been granted certificates of registration, and 48 failed to pass the December examinations. Elizabeth Higbid was elected delegate to the Convention of the American Nurses' Association, with Mary J. Stone as alternate. Mary E. Rockhill was appointed to act as hostess for New Jersey. Mrs. d'Arcy Stephen and Margaret Hickey were elected delegates to the meetings of the State Federation of Women's Clubs to be held at Atlantic City. The following officers were elected: president, Mary E. Rockhill; vice presidents, Mabel Graham, Grace Carmichael; secretary, Ingeborg Praetorius; treasurer, Mary J. Stone; trustees, Agnes T. Considine, Arabella R. Creech, Annie I. Curry. The association accepted the invitation of the Orange Training School Alumnae Association to hold the semi-annual meeting in Orange. THE COUNTY SOCIETY

OF NEW JERSEY GRADUATE NURSES, FIRST DIVISION, held its regular meeting at the Women's and Children's Hospital, Newark, on March 13, with a small attendance. A delegate to the State Association meeting was elected. There was discussion of topics of general interest to the society, followed by a social hour. **Orange.**—THE ORANGE MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on March 21, at the Nurses' Home. An interesting lecture on the study of Phrenology was given by Jessie Fowler, of New York City. Helen d'Arcy Stephen gave a talk on the Enrollment of Nurses for Red Cross Work. **Summit.**—OVERLOOK HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 10, and elected the following officers: president, Violet Kent; secretary, Katherine Finn; treasurer, Bessie Lyon. The treasurer reported that the relief fund now amounts to \$250, most of which was realized from the concert which the association gave in November. **Long Branch.**—MONMOUTH MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on April 4, at the nurses' home. Owing to the recent death of Margaret J. Herries, superintendent of the hospital and an honorary member of the association, only important business was transacted. The following officers were elected: president, Meta Hulsberg; vice presidents, Anna Schenck, Jane C. Follette; secretary, Minnie Ireland; treasurer, Mabel Hall.

**New York: New York.**—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its regular monthly meeting on March 7 at Teachers College. Dr. Lilienthal gave a very interesting and instructive talk on the Importance of the Early Recognition of the Symptoms of Cancer and dwelt on the fact that nurses could assist materially in spreading this information. Dr. Plotz discussed his experiences in Serbia with the typhus epidemic and gave many interesting details of the work. He spoke in the highest terms of the work of the American Red Cross Nurse. THE GOVERNING BOARD OF THE CENTRAL REGISTRY FOR NURSES, of the New York County Registered Nurses' Association, gave a reception at the Central Club on February 16, with an attendance of about one hundred and fifty guests; it is probable that it will become an annual affair. THE PROGRAM FOR THE CENTRAL CLUB for February includes, besides the services which are held every Sunday afternoon, Miss Palmer's Bible class on Tuesdays at 3.30; a talk on Occupation for Invalids, by Miss Collins of Teachers College; Miss Collins had on exhibition many of the articles made by the class. A valentine dance was given on the 14th and on the 23rd Sophie Kiel gave a talk on her experiences and observations as a nurse in Russia. Three evenings were devoted to a dancing class under the instruction of Mabel Ford. The program for March included a vesper service every Sunday afternoon, except the 25th, when Dr. Clarence Usher of Van, Turkey, gave an account of his experiences during the present war. On March 13, Dr. Leroy Brune, gynecologist of the Woman's Hospital, lectured on Cancer. An excursion to the Metropolitan Museum on March 5, and another to the Tiffany Art Class Studio on March 29, were also included. Dancing classes were held on Friday evenings, and a social hour and tea, every Saturday afternoon. The April schedule included a talk on the afternoon of the 22d by George Sunday; a musical recital on the evening of the 9th; dance on the evening of the 27th; a visit to the Sunshine Biscuit Company on the afternoon of the 16th. THE PUBLIC HEALTH EDUCATION COMMITTEE discussed the following subjects at its meetings held at the Academy of Medicine during March: How We Prevent Diphtheria; Results Obtained in Experimental Hygiene; Parental Care, considered by Drs. van

Shelly, Hill and Kenyon; The Responsibility of Society in the Control of Venereal Diseases; The Importance of Gonorrhea; Evidence of Syphilis on the Community, considered by Drs. Keys, Finley and Pederson; Habit Posture in Relation to Pelvic Conditions; Physical Conditions as Related to Life Insurance; The Relation of the Internal Secretions to Gynecology, Drs. Mosher, Merchant and Farrar taking the leading papers: Modern Life as Governed by Nurses; Common Sense about Psychoanalysis; What Every Nervous Woman Should Know, were considered by Drs. Tilney, Hinkle and Hunt; Recreation as an Aid to Health; Pageantry and Plays in Community Life; Gymnastics and Dancing, Indoors and Out; Physical Values of Recreation, by Drs. Beegle, Anderson and Richards. These lectures are free, and are of great value to nurses as well as laymen. **Rochester.**—MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its annual meeting on March 27, and elected officers as follows: president, Mrs. Elizabeth Hawkswell; vice presidents, Mary F. Laird and Iva Johnson; corresponding secretary, Grace S. Taille; recording secretary, Mary E. Morris; treasurer, Anna L. MacPherson; directors, Elizabeth Wagner, Ida McAfee, Emma H. Kehrig and Bertha O. Phillips. Sophia F. Palmer was reflected chairman of the Central Directory Committee. The registrar, Emma H. Kehrig, reported a very successful year for the directory. Mrs. Hawkswell was elected delegate to the convention of the American Nurses' Association.

**North Carolina.**—THE BOARD OF EXAMINERS OF TRAINED NURSES will hold the annual spring examinations May 15, 1917 at Raleigh. Application blanks and further information can be obtained from the secretary, Lois A. Toomer R.N., 123 S. Fourth street, Wilmington. The president of the examining board is now Maria P. Allen, R.N., Morgantown. THE STATE NURSES' ASSOCIATION will hold its fifteenth annual convention in Fayetteville, May 22-25. All nurses are invited to attend. **Asheville.**—EDITH REDWINE has resigned her position as superintendent of the Mission Hospital. Hattie Reinhart, assistant superintendent, has also resigned. Their successors are Fannie Andrews and Allie Holt. S. H. CABANTISS, who has been supervisor of Public Health nursing in the state has returned to her home in Richmond, Va., the legislature having failed to make an appropriation for the continuation of her services.

**Ohio: Cincinnati.**—THE JEWISH HOSPITAL ALUMNAE ASSOCIATION held its regular meeting on March 12. Addresses on Rural Nursing were given by Elizabeth Hunt and Elizabeth Flaws. Attendance at the meetings during the year has been large, due to a social hour after the business sessions. **Cleveland.**—ST. VINCENT'S CHARITY HOSPITAL held its regular monthly meeting on March 6. An educational meeting was held in the hospital auditorium, on March 13, when Blanch Swainhardt, superintendent of the Visiting Nurse Association, read a paper on public health work. Mary Place and Emma Mandery were hostesses. MT. SINAI HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and luncheon at the Hotel Statler on March 1. Papers were read by the president, Mae K. Scherz, on Time Changes, and by Ada H. Day, of the Public Health Division, on Progress in Nursing. Officers were elected as follow: president, Mae K. Scherz; vice presidents, Ada H. Day, Fanny Rubin; secretary, Rose G. Gebhard; corresponding secretary, Fern Comyns; treasurer, Ida Fiander. Meetings of the association are held in the Public Library on the first Thursday of each month, at 2 p.m.

**Oklahoma.**—THE EXAMINATIONS FOR THE REGISTRATION OF NURSES will be held at University Emergency Hospital, Oklahoma City, June 1 and 2. All ap-

plications to be made before May 21, to Mabel Garrison, R. N., secretary, 1701 West 15 Street, Oklahoma.

**Pennsylvania: Philadelphia.**—THE MEDICO-CHIRURGICAL HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting at the hospital on April 4, with an attendance of twenty. Nine new members were admitted. The Misses Cole and Ayers, and Mrs. Kratz were appointed delegates to the convention of the American Nurses' Association. A scholarship fund was started. ST. AGNES HOSPITAL ALUMNAE ASSOCIATION held its regular meeting in the study hall of the hospital on March 29, when Helen Greaney gave an interesting talk on Present Day Nursing Conditions. Mary O'Neill has accepted the position of directress of nurses at St. Vincent's Hospital. Mary Connolly is superintendent of the Lansdale Sanatorium, Lansdale, Pa. PROTESTANT EPISCOPAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting April 4 with a large attendance. Three delegates were elected to attend the American Nurses' Association convention, Matilda J. MacCracken, Mrs. Adelaide Wright Pfromm and Mary F. Meyer. It was decided the Association should entertain the class of 1917, at Willow Grove Park, on May 21. Matilda J. MacCracken, class of 1913, who served in France under the American Red Cross, gave an interesting account of her duties with the sick and wounded soldiers. Helen J. Leader, class of 1911, and Ethel P. Kandle, class of 1916, have accepted positions in the Truesdale Hospital, Fall River, Mass.

**Rhode Island: Providence.**—BUTLER HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its semi-annual meeting at the Potter Home for Nurses on April 3. It was voted to give \$50 for supplies, to the Base Hospital Unit, now being organized in the city. It was also voted to give \$15 to the Isabel Hampton Robb Fund. A social hour was enjoyed.

**Utah.**—THE UTAH STATE NURSES' ASSOCIATION held its annual meeting at the Young Women's Christian Association rooms, in Salt Lake City, on March 5. Dr. Lydell, of the Navy Recruiting Station spoke on the work of the Navy Reserve. Rose Korous gave the report of the legislative committee stating that the bill had passed the legislature. The committee was given a hearty vote of thanks for its faithful and arduous work. Officers were elected as follows: president, Ella Wicklund, Holy Cross Hospital, Salt Lake City; vice president, Alma Carlson, Salt Lake City; secretary, Stella Peterson, County Hospital, Salt Lake City; assistant secretary, Stella Sainsbury, Dee Hospital, Ogden; treasurer, Damaris Beeman, Salt Lake City. Sixty-eight new members were admitted. The next meeting will be held in Ogden.

**Virginia: Richmond.**—THE GRADUATES OF STUART CIRCLE HOSPITAL have organized an alumnae association on March 10, and elected the following officers: president, Maria H. Chappell; vice president, Violet Wickline; secretary, B. Jane Wingfield; treasurer, Martha M. Latimer. The association has been incorporated according to the laws of the state. The following examinations were held by the State Board of Examiners, January 31–February 12.

**Anatomy and Physiology.**—(Eight questions only to be answered.) (1) Outline briefly the functions of the red and white blood corpuscles, giving their relative proportion in the body. (2) Give a brief description of the spinal cord and state its function. (3) Tell what you know about osmosis or dialysis. (4) What is the distinction between a thrombus and an embolus? (5) Tell why the human body needs its circulating fluids, blood and lymph. (6) What is the difference between digestion and absorption? (7) Give two good reasons why one

from the age of five years and on, should go at least once a year to a registered dentist. (8) What do you understand by blood pressure? (9) Name four movements of which bones (because of their articular connections) are capable. (10) Give the source of two secretions of the body, and state the functions of each. (11) (a) Name and locate the longest nerve in the body. (b) Name the bones that form the pelvic girdle. (12) (a) What is the Eustachian tube? (b) What is the general function of the orbital muscles? (13) Describe three of the important uses of perspiration. (14) What is the function of the secretion of the lachrymal gland? (15) Tell what you think are important points for nurses to emphasize in conducting dental and nose-blowing drills, and why.

*Obstetrical Nursing.*—(Ten out of twelve questions to be answered.) (1) What are the true signs of pregnancy? (2) (a) What are signs and symptoms of actual labor? (b) Give the three stages of labor. (3) What would you do for post-partum hemorrhage in the absence of the physician? (4) (a) Outline the care of a nursing mother's breasts and nipples. (b) How soon would you put a baby to breast after birth? (5) (a) Give the nurse's duty as soon as the head is born. (b) Define: primipara, colostrum, parturition, lochia, placenta praevia. (6) (a) What complications may occur during the puerperium? (b) What antiseptic solutions are used for the mother and newborn infant? (c) Give strength of each solution. (7) (a) What organs require careful watching during pregnancy, and why? (b) When does puerperal sepsis usually develop? (8) Give the accepted rule for determining the probable date of delivery, and give example. (9) How would you resuscitate a new-born child in case of asphyxia? (10) (a) What would you do for primary hemorrhage from the cord? (b) How frequently should the perineal pads be changed during the early puerperium, and give method of procedure? (11) (a) Why is an obstetric case given an enema before advanced labor? (b) What is the normal presentation of a child at full term? (c) What is the nursing care in a case of insufficiency of breast milk? (12) (a) What diseases would you avoid nursing prior to an obstetrical engagement? (b) Give general directions for mothers' diet during the first week of the puerperium.

*Medical Nursing.*—(Ten out of eleven questions to be answered.) Questions 4, 5 and 9 must be answered. (1) What is the hygiene of the mouth and teeth in febrile conditions? (2) Give nursing care of a case of apoplexy. What would you do for a person having an attack of epilepsy? (3) Outline immediate treatment for burns. (4) Give a list of the articles necessary in giving a cleansing bed-bath, and outline briefly the method of procedure. (5) (a) What urine is best saved for an examination, and why? (b) How may retention be relieved without the use of the catheter? (c) What would casts in the urine indicate? (6) Give a formula for a nutritive enema, and state in detail method of giving same. (7) Mention two important nursing points in caring for a patient afflicted with heart disease. (8) What nursing measures may be employed to induce a nervous patient to sleep? (9) (a) Why is abdominal massage given? (b) What is meant by active and passive movements? (c) What movements in massage have the most soothing effect on the nerves? (10) (a) What is the character of the cough in pneumonia, in the early and advanced stages; also character of sputum? (b) When does crisis occur? (11) (a) Give symptoms in a case of typhoid fever which you would report immediately to the physician. (b) Under what conditions would you remove a typhoid patient from the bath before it was finished, and what would you do in such an emergency?



*Nursing of Sick Children.*—(1) Are all temperatures in children higher, or lower, than in adult life? (2) What are the two most important subjects of pediatrics? (3) When the rectum of a child is diseased, in what parts of the body should the temperature be taken? (4) Why is bronchitis such a grave affection in the very young? (5) Give some of the symptoms of bronchitis and special care in nursing children with bronchitis. (6) What is jaundice in the newborn called? (7) In what conditions is severe jaundice a symptom? (8) Define: puberty: decubitus: ankylosis: adolescence. (9) What special care should be given to diseases of the ear? (10) In the absence of a physician what would you do, and what avoid, in removing a foreign body from the ear?

*Gynecology and Surgical Nursing.*—(Eight out of the ten to be answered.) (1) (a) Tell how to prepare for a cystoscopic examination. (b) Tell how to prepare for a lumbar puncture. (2) Define inflammation, extravasation, hypertrophy. (3) Where should pressure be made to control arterial bleeding below the knee? (4) (a) Name four ways by which wounds most frequently become infected? (b) What symptoms would lead you to suspect a wound had become infected? (5) (a) Name five varieties of fractures. (b) What should a nurse have ready for a compound fracture of the forearm? (6) Describe the Trendelenburg and Fowler's positions, and tell some conditions in which each would be used. (7) What are some of the constitutional disturbances to be expected at the menopause? (8) What are the most frequent causes of gynecological operations? (9) What are some (3) of the most important things to do in the care of perineal stitches? (10) Give the immediate preparation of linen, silk and silk-worm gut sutures.

*Dietetics.*—(1) How are vegetables classed? (2) Have green vegetables much nutritious value? (3) Why is meat not a perfect food? (4) In what way may meat be prepared in which it is more digestible raw, than cooked. (5) What are the objects in cooking meat? (6) Define the difference between broiling and frying. (7) What is meant by metabolism? (8) The amount of food actually required to provide sufficient heat to maintain the normal body temperature and yield the necessary amount of energy, depends upon what five things? (9) What food principle is to be guarded against in the diet of a diabetic? (10) What is sweetbread?

*Bacteriology.*—(Five questions to be answered including No. 1.) (1) (a) What are bacteria? (b) Name and describe the three important groups into which they are divided according to shape. (c) What are protozoa? (d) In what respect do they differ from bacteria? (2) Classify the following diseases according to whether they are caused by bacteria, protozoa or unknown organisms: diphtheria, scarlet fever, malaria, smallpox, syphilis, pneumonia, measles. (3) What is (a) "culture," (b) "culture media"? (4) (a) Describe the process of "taking a culture," specifying the disease. (b) What would a "positive culture" indicate? (5) Why is some knowledge of bacteriology a first essential in surgical work? (6) What is the object of (a) a "Wasserman" test? (b) a "Widal"? (7) Why are wounds about the foot, or deep puncture wounds more likely to be followed by tetanus than other kinds? (8) Define: toxin, saprophyte, antibodies, streptococcus, pyogenic.

*Materia medica.*—(Ten questions to be answered.) (1) (a) Give the origin of the following drugs: iodine, morphine and pepsin. (b) Give dose of the last two for a child nine years old. (2) (a) Define tincture and state the strength of most tinctures. (b) Define infusion. (c) Give an example and dose. (c)

Of what is salvarsan a compound? (f) For what is it used? (3) (a) What per cent is 1-2000? (b) How many cc. in oz. 3? (c) How many tablespoonfuls in a glass of water? (4) Suppose you wanted to make one quart 2 per cent Agno. 3 solution, and had to make it from a 20 per cent solution, how much of the 20 per cent would you use? (5) How would you give atropine gr. 1-100 from a 2 per cent solution? (6) (a) You are ordered to give heroine gr. 1-30 and you have gr. 1-8, how will you give it? (b) What is the alkaloid in tea and in coffee? (7) (a) From what is quinine derived? (b) Give physiological action, chief uses and dose. (8) (a) What is Fowler's solution? (b) Dose? (c) What are the symptoms of, and treatment for acute poisoning by Fowler's solution? (9) What is the principal characteristic symptom of the accumulative effect of iodine salts? (10) (a) What is the technical name of nitroglycerine? (b) Give physiological action and dose. (11) Mention one of the special points of difference in the physiological action of nitroglycerine and digitalis. (12) (a) What is in the white paper and the blue paper of a Seidlitz powder? (b) Tell how to prepare and give.

*Hygiene and Sanitation.*—(Five questions to be answered.) (1) (a) Define a preventable disease. (b) Name three preventable diseases. (c) Explain the principle of prevention used in one of them. (2) Explain the meaning and give an example of the principles of: (a) Personal hygiene. (b) Public hygiene, or public health. (3) Explain the important difference between the way typhoid fever is spread by the house-fly, and malaria by the mosquito. (4) Mention three unimportant points to be considered in the construction of a sanitary privy. (5) (a) Name three diseases which are spread by organisms thrown off in the excreta from the bowels. (b) How should such excreta be disposed of? (6) Describe the proper way to care for the feet and state why it is of especial importance to nurses and soldiers. (7) How are the following diseases spread: bubonic plague, yellow fever, hookworm, malaria, typhus fever? (8) Give the cause, the way it is spread, the principles and practical methods used in preventing its spread, by individuals and public authorities, of one of the diseases mentioned in question seven. (9) Give the full medical name of the disease which was epidemic in New York and other nearby states last summer, and give two leading reasons for the panicky fear which it caused.

*Contagious and Infectious Diseases.*—(Five questions to be answered) (1) Define: (a) Immunity. (b) Natural immunity and give example. (c) Acquired immunity and give example. (2) Define the term "carrier" as applied to contagious and infectious diseases, and give two diseases where "carriers" play an important part. (3) (a) What is meant by "incubation period"? (b) Give the usual time in the following diseases: typhoid fever, diphtheria, measles, scarlet fever, smallpox. (4) What is the usual method of deciding when a diphtheria case can be released from quarantine? (5) Explain the difference between the "quarantine" of a contagious case and the isolation of such a case. (6) What is present day opinion as to the value of terminal fumigation? (7) Would fear of contagion be a valid excuse, under any circumstances whatever, for a nurse's refusal to care for a case of smallpox? Give reasons for your reply. (8) Name three diseases to which the human body may be immunized. (9) When may isolation be properly concluded in the following diseases: diphtheria, scarlet fever, measles, smallpox?

*Nursing Ethics and History.*—(1) What are the fundamental principles upon which nursing ethics is based? (2) Give some suggestions as to how the pioneer

spirit may be developed in the nurse of to-day. (3) Of what value may nursing organizations be to you as an individual nurse? (4) Tell what you know about your State Law regarding nursing. (5) What does State Registration stand for? (6) What do you think a correct ethical attitude does for a woman in her profession? (7) With whom should a nurse discuss her patient's condition? (8) Define the correct personal and professional attitude of a private duty nurse towards the family of her patient. (9) How much does one's mental attitude towards nursing have to do in influencing the success of any worker? (10) Outline what you consider is the right mental attitude of a nurse at graduation towards the needs of the world and the problems that confront her.

**West Virginia.**—THE WEST VIRGINIA STATE BOARD OF EXAMINERS FOR NURSES will hold an examination at Carnegie Hall, Huntington, West Virginia, on Monday, May 14. Mrs. R. J. Bullard, Secretary, Lock Box 457, Wheeling.

**Wisconsin.**—AN EXAMINATION FOR STATE REGISTRATION OF NURSES will be given in the Hotel Phister, Milwaukee, June 26-27, 1917. All applications for examination should be on file before June 10. Further information may be obtained by writing to Anna J. Haswell, R.N. secretary, Committee of Examiners of Registered Nurses.

#### BIRTHS

On January 6, at Mercy Hospital, Dubuque, Ia, a daughter, to Mr. and Mrs. John Byrne. Mrs. Byrne was Mary Thornton, class of 1907, Mercy Hospital.

On March 16, at Iowa Lutheran Hospital, Des Moines, a daughter, Mary, to Dr. and Mrs. A. E. Shaw. Mrs. Shaw was Miss Boatwright, Iowa Methodist Hospital.

On February 23, at Milwaukee, Wis., a daughter, Alice Elsa, to Mr. and Mrs. H. J. Dernehl. Mrs. Dernehl was Emma A. Katz, class of 1909, Michael Reese Hospital, Chicago.

On December 3, at Chester, Mont., a son, to Mr. and Mrs. Lewis J. Mutchler. Mrs. Mutchler was Edith Mae Henneberger, class of 1908, Protestant Episcopal Hospital, Philadelphia.

On December 28, at Milwaukee, Wisconsin, a daughter, to Doctor and Mrs. Robert Ivy. Mrs. Ivy was Norma C. Crossland, class of 1910, Protestant Episcopal Hospital, Philadelphia, Pa.

On February 6, at Fort Smith, Ark. a daughter, to Doctor and Mrs. C. P. Wilson. Mrs. Wilson was Lucy Lewis, class of 1909, Protestant Episcopal Hospital, Philadelphia, Pa.

#### MARRIAGES

On March 24, at Omaha, Neb., Miriam Blanche Bowker, Ottumwa Hospital, Ottumwa, Iowa, to John N. Lewis. Mr. and Mrs. Lewis will live in Ottumwa.

On February 28, at Chicago, Ill., Sarah B. Helbert, to Clifford C. Kennedy. Mrs. Kennedy was lecturing school nurse of the Anti-Tuberculosis League of Cincinnati. She was the first organizer of the Little Mothers' Leagues in the schools, under the direction of the health officer. Dr. and Mrs. Kennedy will live in Bethel, Ohio.

On February 24, Fannie Perin, Battle Creek Sanitarium, Battle Creek, Mich., to Elmer E. Scott. Mr. and Mrs. Scott will live in Madison, Ind.

On March 1, Mabel Estella Homan, class of 1916, Altoona Hospital, Altoona, Pa., to William Warren Faust.

In December, Laura Teeter, class of 1914, Altoona Hospital, Altoona, Pa.,

to Elijah Sleeby. Mr. and Mrs. Sleeby will live at Zamboanga, Philippine Islands.

On February 7, Ruby Rapp, class of 1912, Hahnemann Hospital, Rochester, N. Y. formerly of the Army Nurse Corps, to Osborne Howard Paddison. Mr. and Mrs. Paddison will live at Manila, P. I.

On February 15, Mary Agnes Porch, class of 1915, Hahnemann Hospital, Philadelphia, Pa., to Walter M. Wood.

In March, Maria D. Levy, class of 1904, Hahnemann Hospital, Philadelphia, Pa., to David B. Richards. Mr. and Mrs. Richards will live in Ashland, Pa.

On February 24, Anna Marie Buck, class of 1912, Presbyterian Hospital, Philadelphia, Pa., to William Shannon Rothermel.

Recently, at Jerome City, Ariz., Mary Sullivan, class of 1915, Wise Memorial Hospital, Omaha, to Lewis Edward Walsh, M.D. Dr. and Mrs. Walsh will live in Jerome City.

In February, Dora Coakley, class of 1916, Boston City Hospital, to Daniel McCarthy. Mr. and Mrs. McCarthy will live in Boston.

On April 10, at Rochester, N. Y., Mabel Adeline Kelly, class of 1915, Park Avenue Hospital, Rochester, to Thomas J. McLaughlin. Mr. and Mrs. McLaughlin will live in Rochester.

On April 9, Rita Mills, class of 1915, Presbyterian Hospital, Philadelphia, to Bennett A. Brande, M.D. Dr. and Mrs. Brande will live in Johnstown, Pa.

On February 6, Emma Rathe, class of 1913, St. Luke's Hospital, Fargo, N. D., to Carl Melby. Mr. and Mrs. Melby will live in Glydon, Minn.

On January 1, at Guam, Marianne Islands, Eleanor A. T. Blain, class of 1911, Presbyterian Hospital, Philadelphia, Pa., to Karl Gebhard, M.D., of Berlin, recent Governor of New Guinea.

On January 14, Elsie Poole, Graham Hospital, Keokuk, Iowa, to William D. Evans. Mr. and Mrs. Evans will live in Des Moines, Iowa.

On February 20, at Dubuque, Iowa, Helen Gill class of 1916, Finley Hospital, Dubuque, to Leslie Fay. Mr. and Mrs. Fay will live in Fredericksburg, Iowa.

#### DEATHS

On March 12, at New York City, after an operation, Mathilda Hayn, German Hospital, New York. Miss Hayn was the personification of accuracy, efficiency and loyalty and the graduates and authorities of the German Hospital, in which she served for sixteen years as supervising nurse of the private building operating rooms, will feel her loss most keenly.

In March, at her home in South Milford, Mass., after a long and painful illness, Emma L. Vogel, class of 1907, Boston City Hospital.

Recently, Catherine Rose Carey. Mrs. Carey was Catherine Rose, St. Agnes' Hospital, Baltimore, Md. Much of the standing of the alumnae association is due to the untiring energy and zeal of Mrs. Carey.

On February 6, at Billings, Mont., Wilhelmina Hamilton, class of 1903, Protestant Episcopal Hospital, Philadelphia, Pa.

On February 25, at Delhi, Iowa, Mrs. Urmsher. Mrs. Urmsher was Mildred G. Flickinger, class of 1913, Finley Hospital, Dubuque, Iowa.

On October 31, at Hahnemann Hospital, Worcester, Mass., following an operation, Florence H. Reid, class of 1899, Homeopathic Hospital, Boston, and Hahnemann Hospital, Boston. Miss Reid was a private duty nurse of highest ideals, who spent herself for her patients. She did active work in Boulder, Colo., for seven years.

## BOOK REVIEWS

**OUTLINES OF PHYSIOLOGY.** By Edward Groves Jones, A.B., M.D., F.A.C.S., Professor of Surgery, Emory University, Atlanta Medical College, and Allen H. Bunce, A.B., M.D., Associate in Medicine, Emory University, Atlanta Medical College. Fourth edition, revised. One hundred and eleven illustrations. P. Blakiston's Son and Company, Philadelphia. Price, \$1.50.

Notwithstanding its name, this book seems a very complete presentation of an intricate subject, for the use of students and practitioners. It requires careful reading, but is prepared in such a manner that it would be invaluable for reference. No idea of the extent of its contents is given by the number of pages, 364, as the text is very closely printed. The illustrations give minute detail.

**THE EXPECTANT MOTHER.** By Samuel Wyllis Bandler, M.D., Professor of Gynecology in the New York Post-Graduate Medical School and Hospital. 12 mo., volume of 213 pages with 14 illustrations. W. B. Saunders Company, Philadelphia and London. 1916. Price, \$1.25.

It is well for the success of some books that the authors are able to stamp them with their individuality, otherwise the constant presentation of subjects which have been thoroughly written up, would prove lamentable failures. Painstaking effort does not enable one to find any new ideas in this book, but this does not mean that it has not actual merit. Many good things are said, but it treats of a well-worn, if ever interesting subject.

**AMERICAN RED CROSS TEXT-BOOK ON HOME DIETETICS.** By Ada Z. Fish, Head of Art and Home Economics Department, William Penn High School, Philadelphia. Seven illustrations. P. Blakiston's Son and Company, Philadelphia. Price, \$1.

This book is designed for general use in classes being taught, under the auspices of the Red Cross, in a course of fifteen lessons. It is an attractive little book which will make all who may be fortunate enough to see it, immediately want to follow its instructions. The best and most nutritive kinds of food are mentioned, the best way of getting the most good from any special food, simple ways of cooking are outlined, and all this for the benefit of those who are in good health! There is



little special instruction on food for the sick, as the writer probably thinks that if those who are well are properly fed, those who may be ill will not suffer. There is a lesson on the chemistry of bread making. The reasons given for the methods of cooking help to impress the recipes on the mind. One lesson tells of bill-of-fare making, another the preparation of a supper or luncheon. Miss Fish gives various books as references for the benefit of those wishing more extensive information, we rarely see so complete a treatise in such a compact form.

**THE PREVENTION OF DISEASE. A Popular Treatise.** By Kenelm Winslow, B.A.S., M.D., attending Physician to Seattle City Hospital and King County Hospital, Washington; recent Vice President of the American Association for the Study and Prevention of Infant Mortality. W. B. Saunders Company, Philadelphia and London. 1916. Price \$1.75.

Dr. Winslow's book is written for the layman. The usual list of diseases is brought to the attention of his readers, and it would be appalling if the methods for their prevention as presented, were not seemingly so simple, at least to the partly informed, that one wonders how it is they miss being part of everyone's daily life. Public education in health has reached such wonderful proportions during the last decade that if one's goal is a prolonged life, the observance of simple rules of living would seem to make it possible. We are cautioned, however, not to lose sight of the fact that when there is trouble of any kind, its exact nature should be determined, early.

A chapter on Cancer, and one on Common Local Causes as a Source of Serious General Diseases, are particularly strong. The author gives his readers the benefit of his experience gained by a practice of a quarter of a century.

The foreword is written by Dr. Charles Mayo and many of the chapters have introductory notes by men prominent in the medical profession. As the author justly says, "These leaders would be unwilling to lend their distinguished names if they did not believe that the book would aid in bettering the lives of its readers."

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